

MEDICAL AND PARENTAL CONSENT TO RESIDENTIAL VISITS

RESIDENTIAL VISIT TO: PGL

1st March 2027 – 5th March 2027

Student's Name		
Date of Birth		
Class		
Parents' Surname (if different)		
In case of emergency contact 1	Name	
	Relationship to child	
	Day time telephone Number	
	Evening telephone number	
In case of emergency contact 2	Name	
	Relationship to child	
	Day time telephone Number	
	Evening telephone number	
I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.		
I undertake to inform the Executive Headteacher or Group Leader as soon as possible of any change in the medical circumstances of my child, after the date below.		
I give consent for my child to be photographed in connection with this trip. These photographs may be displayed on the school website, downloaded onto the school network or given to the pupils as a keepsake for students on the trip, or to promote trips in the future.		
Signed (Parent/ Carer)		
Date		

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BONNEVILLE PRIMARY SCHOOL

Success for today, prepared for tomorrow

Medical

Information

Does your child suffer from any conditions requiring medication or treatment?		Yes/ No
If yes, please give details:		
Is your child allergic to any medication or treatment?		Yes/ No
If yes, please give details:		
Date of last tetanus injection:		Date received _____ Unsure ☐
Details of Family Doctor	Name:	
	Telephone Number:	
	Surgery Address:	
Does your child have any dietary requirements?		Yes/ No
If yes, please give details: (e.g. coeliac/ gluten free/ dairy free/ nut allergy etc)		

This form must be completed **before** the trip to PGL.

Trip Leaders will take this form with them for reference or should it ever need to be used in the case of emergency.

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