

Overnight stay parent/guardian consent form

School/group _____ visit to **Lledr Hall OEC**

From _____ to _____ (dates inclusive)

I agree to my son/daughter (name) _____

date of birth _____

taking part in this visit and agree to his/her participation in the activities described.

I acknowledge the need for responsible behaviour on his/her part.

Medical information

If your son/daughter suffers from any conditions requiring medical treatment, including medication, please give details.

If your son/daughter has been in contact with, or suffered from any contagious or infectious diseases in the last four weeks, please give details.

If your son/daughter has any allergies, including medication, please give details.

Please provide any other relevant medical, behavioural, social or dietary information not mentioned above.

Has your son/daughter had a tetanus injection in the last five years?

YES / NO

Name of family doctor: _____

Address: _____

Telephone number: _____

Photographs

Lledr Hall occasionally uses photographs in promotional information.
If you agree to your child's photograph being used for this purpose,
please tick the box.

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Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I confirm that my child is in good health and fit to participate in the activities described.

Signed: _____ Parent / guardian

Print name: _____

Address: _____

Home telephone: _____

Work telephone: _____

Date: _____

Alternative emergency contact.

Name: _____ Telephone number: _____

Address: _____

This form must be taken by the group leader on the visit. A copy should be retained by the school contact.