

RESIDENTIAL CONSENT FORM

VISIT TO BEAUMANOR HALL

Monday 30th September to Tuesday 1st October 2024

Please fill in the form set out below and return it to school by Friday 7th June 2024.

All details will be treated as confidential.

CHILD'S FULL NAME: _____

CLASS: _____

1. Health

Does your child suffer from any other medical complaint or ailment which will cause difficulty when partaking in strenuous walking or sport? YES/NO

If YES, please give details:

2. Ailments

Does your child suffer from any of the following:

- | | | | |
|--------------------|---|---------------------------|--------------|
| a. Travel sickness | b Epilepsy | c. Migraine | d. Hay Fever |
| e. Asthma | f. Diabetes | g. Enuresis (Bed wetting) | |
| h. 'Sleepwalking' | i. Allergies (including medicines) See below: | | |

Is your child allergic to any medication? YES/NO

If YES, please give details:

Has your child had a tetanus injection in the last five years? YES/NO

3. Medication

Is your child currently taking any medication (including inhalers)? YES/NO

If YES please complete the detailed Medicines Form listing details of medication, dosage etc. and discuss it with the designated member of staff.

4. Infections

To the best of your knowledge has your child been in contact with any contagious/ infectious diseases or suffered from anything that may be contagious/infectious, in the last four weeks?

YES/NO

If so, please give details:

5. Paracetamol Consent

I give permission for the group leader to authorise the administration of paracetamol, if needed, during the residential period. This will be in the form of a Calpol 6+ sachet.

YES/NO

6. Diet

Please outline any special dietary requirements of your child (not likes and dislikes):

CONTACT DETAILS

The school already holds contact details for school hours. Therefore, please provide contact details for out-of-school hours.

I may be contacted by telephoning the following numbers (please include area code):

Person: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

If not available at above, please contact:

Name: _____

Home Phone: _____

Mobile Phone: _____

Address: _____

Details of GP surgery:

Name of surgery: _____ Telephone: _____

Address: _____

CONSENT DETAILS

I agree to my son/daughter _____ taking part in the above mentioned visit and, having read the information sheet, agree to his/her participation in the activities described.

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

I agree that in the event of my child being returned to school, **for reasons of misconduct**, before the end of the visit I will forfeit all fees paid and may be required to reimburse the school for any additional costs involved.

I undertake to inform the school of any change in the medical circumstances between the date of signing and the date of the visit.

I agree to my child receiving emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

This document is signed by the person with legal responsibility for the child.

SIGNED: (Parent/Carer) _____ DATE: _____

NAME: _____

THIS FORM OR A COPY WILL BE TAKEN BY THE LEADER ON THE ACTIVITY AND A COPY RETAINED IN SCHOOL