

**Parental Consent for a School Visit  
PARK WAY PRIMARY SCHOOL TO GAVESTON HALL 22nd JUNE – 25th  
JUNE 2018**

I agree to ..... (name) taking part in this visit.

I agree to ..... (name) participation in the activities organised.

I acknowledge the need for ..... (name) to behave responsibly.

**Medical Information about your child**

Any conditions requiring medical treatment, including medication?

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.....  
.....  
.....

Please outline any special dietary requirements of your child and the type of pain relief medication your child may be given if necessary.

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.....

To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious. Yes / No

If yes please give brief details:

.....  
.....

Is your son/daughter allergic to any medication Yes / No

If Yes please specify:

.....  
.....

When did your son/daughter last have a tetanus injection?

.....

**Declaration**

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

**Emergency Contact Telephone Number**

**Name :** .....

Mobile :.....Home : .....

Home Address :

.....  
.....

**Alternative Emergency Contact**

**Name :** .....

Mobile :.....Home : .....

Address :

.....  
.....

Name of Family Doctor ..... Telephone number.....

Address :

.....  
.....

**Child's National Health Number :**

.....

*(We require this in case your child needs emergency medical treatment. You can obtain this from your GP practice. If you have any problems or have never registered with a GP, please ask NHS England for help on 0300 311 22 33 or [england.contactus@nhs.net](mailto:england.contactus@nhs.net)) **Your child cannot attend without this information.***

Signed: ..... Date : .....

Full Name

.....

**Park Way Primary School**

**Trip to Gaveston Hall 22nd – 25th June 2018**

Child's Name :

.....

**Gaveston Hall's Code of Conduct**

- All guests must observe and respect these rules at all times.
- Guests will treat the centre with respect, particularly the grass and planted areas.
- Guests will use the bins provided at all times.
- All guests will treat each other with respect, regardless of race, religion, gender or special educational needs.
- Guests must not use the activity areas and equipment unless supervised by Gaveston Hall instructors.
- During activity sessions the Gaveston Hall instructor in charge is responsible for participants' safety. Participants must follow his or her instructions so as not to do anything that may compromise their own or anyone else's safety.
- Guests will keep their dormitories and the communal areas clean and tidy at all times. Any damage to Gaveston Hall property must be paid for before leaving the centre.
- Guests should arrive promptly for sessions and meal times.
- Students must return to their dormitories at the agreed times and keep noise to a minimum. Guests should stay in their accommodation, except in an emergency, without disturbing any other groups during the night.
- Under 18s must not drink alcohol.
- Under 18s must not smoke.
- The centre general manager has the right to ask any group behaving inappropriately to leave the centre.

Signed

.....

(Child)

Date : .....

**Photo Permission.**

I give permission for my child to be photographed during activities at Gaveston Hall

Signed.....

( Parent)

Date: .....

**THIS FORM MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**