



## Parental & Medical Consent Form

### London Residential

Wednesday 3<sup>rd</sup> June - Friday 5<sup>th</sup> June 2026

Name of child.....

Date of Birth.....

Home Address.....

### Medical Information:

**Does your child suffer from any conditions requiring medical treatment, including medication?**

YES/NO If yes, please outline details below including dosage and frequency:

**Do we have permission to administer liquid pain relief (i.e. Calpol) to your child, if required?**

YES/NO

**Has your child been in contact with anyone who has a contagious/infectious disease, or been ill with anything in the last four weeks that may be/become contagious or infectious?**

YES/NO If yes, please outline details below

**Is your child allergic to any medications?**

YES/NO If yes, please outline details below:

**Has your child received a tetanus injection within the last 5 years?**

YES/NO

**Does your child have any dietary requirements or allergies?**

YES/NO If yes, please outline details below

**Headteacher: Mrs R Ayres**

St. Mary's C of E Primary School, Station Road, Hinckley, Leicestershire LE10 1AW

Tel: (01455) 637477 office@stmarys.leics.sch.uk





Name, address and telephone number of your child's registered GP Practice:

### Emergency Contacts:

Please provide details of 3 emergency contacts (All persons with parental responsibility must be listed first):

1. Name.....  
Relationship to child.....  
Contact number/numbers.....
2. Name.....  
Relationship to child.....  
Contact number/numbers.....
3. Name.....  
Relationship to child.....  
Contact number/numbers.....

### Declaration:

- I agree for my child to take part in the above-named visit and agree to his/her participation in the activities listed on the itinerary.
- I declare my child to be in good health and physically able to participate in all of the activities mentioned.
- I acknowledge the need for good conduct and responsible behaviour on his/her part.
- I agree to inform the school as soon as possible of any changes to medical information or other circumstances between now and the commencement of the visit.
- I have noted where and when my child will need to be collected after the visit and that I am responsible for getting him/her home safely.
- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic and blood transfusions deemed necessary by medical professionals.

Parent/Guardian signature.....

Print Name.....

Date.....

**Headteacher: Mrs R Ayres**

St. Mary's C of E Primary School, Station Road, Hinckley, Leicestershire LE10 1AW

Tel: (01455) 637477 office@stmarys.leics.sch.uk

