

PLUME SCHOOL
PARENTAL CONSENT for Residential visit

Trip to: _____

Member of staff leading the event/trip _____

Date of Departure _____ **Date of Return** _____

Time of Departure _____ **Return Time** _____

Student's Name _____ **LG** _____

I wish to enrol _____ in this activity and recognise that I must meet the charge agreed. I also consent to them taking part in the activities of the visit, which have been explained to me and I acknowledge the need for them to behave responsibly.

I understand that once the booking has been made, no refunds will be possible, except when there are insufficient numbers for the trip to run.
In this case the refund will be made by cheque.

Please **PRINT** the name of the person to whom this should be made payable:

Mr/Mrs/Ms _____

Parent/Guardian's name and address

Phone Numbers _____

Second Contact (in event of Parent/Guardian not being available)

Phone Number: _____ **Relationship:** _____

G.P's Name and Address:

Phone Number _____

PARACETAMOL CONSENT

I give permission for the school to administer one paracetamol tablet, if requested to do so by the student. No more than one tablet in any day will be given. YES/NO (delete appropriately)

Please list any allergies, including asthma, from which the student suffers:

Please list any medical conditions requiring medication that the student will need to take on the trip, (All medication except any which must be carried at all times should be given to one of the teachers):

Please list any contagious diseases or other illnesses which the student has suffered from or has been in contact with within the last four weeks:

When did the student last have a tetanus injection? _____

Is the student allergic to any medication? _____

Please list any other information regarding the student's health, such as travel sickness, diet, sleeping problems that the teachers will need to know:

Please list any information which you feel may be relevant to the activity – for example, whether/how far the student can swim

Please list any activities which are likely to be a part of the trip in which you do not wish the student to take part:

Parents/guardians of students in Years 7, 8 and 9:

I will make arrangements for _____ to be collected from school

Signed _____ **Date** _____

My emergency contact number is: _____

Parents/guardians of students in Years 10 and 11:

Please cross out one of the choices below:

I will make arrangements for _____ to be collected from school

or

I give permission for _____ to travel home unaccompanied

Signature of all Parents/Guardians for Years 7 – 13 _____

Date _____

Signed _____ **Date** _____

My emergency contact number is: _____