



Specific Parental Consent Form for an Excursion

Include information for parents with this form

Establishment/Group _____

I would like _____ (*participant's name and date of birth*) to take part in the excursion and having read the information provided agree to him/her taking part in the activities described.

I acknowledge the need for _____ (*participant's name*) to behave responsibly.

1. Excursion to _____

From (*Date & Time*) _____ **To** (*Date & Time*) _____

2. Medical Information About Your Child

(a) Any conditions requiring medical treatment? Yes No

(b) Is your child under prescribed medication? Yes No

If Yes, please give details including whether medication is self-administered or needs adult supervision:

(c) Please outline any special dietary requirements of your child:

(d) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from any illness in the last four weeks?

Yes No

If Yes, please give details _____

(e) Is your child allergic to any medication, food or animals? Yes No

If Yes, please give details _____

(f) When did your child last have a tetanus injection?

Parents are asked to inform the Group Leader of the excursion as soon as possible of any changes in the medical or other circumstances and before the commencement of the journey.

3. Swimming Ability

Is your child able to swim 50 metres?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child confident in the water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child confident in the sea or in open inland water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child safety conscious of water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration

I agree to my child receiving medication as advised under 'medical information' and any 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 I consider him/her fit to participate.

Parent's Signature _____ Date _____

Full Name (*Capitals*) _____

Parent's Contact Telephone Numbers

Work _____ Home _____ Mobile _____

Home Address _____

_____ Postcode _____

Alternative Emergency Contact

Relationship to Child _____

Name _____ Tel _____

Home Address _____

_____ Postcode _____

Name of Family Doctor _____ Tel _____

Address _____

_____ Postcode _____

This form or a copy must be taken by the person in charge on the excursion.

A copy should be retained by the establishment.

Data Protection Act

The information provided by you and by relevant third parties will be used for emergency contact. In terms of the Data Protection Act 1998, you are entitled to know what purposes data protection Perth & Kinross Council hold about you for a fee. Applications should be made to the Executive Director (Education & Children's Services), Education & Children's Services, Perth & Kinross Council, Pullar House, PERTH PH1 5GD.

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Communications Manager on 01738 476873

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمخلص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب:
الاسم: Communications Manager
رقم هاتف للاتصال المباشر: 01738 476873

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اس کا بندوبست سروس ڈیولپمنٹ Communications Manager سے فون نمبر 01738 476873 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡 Communications Manager 01738 476873 來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z Communications Manager 01738 476873

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen pouze stru ný obsah listiny) Kontaktujte prosím Communications Manager 01738 476873 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Communications Manager 01738 476873

Ma tha thu fhèin neo duine a dh'aithnicheas tu ag iarraidh leth-bhreacden phàipear seo ann an cànan eile neo ann an cruth eile, (aig amannan cha bhith ach geàrr-chunntas a-mhàin ri fhaighinn air eadar-theangachadh) faodar seo fhaighinn le bhith a' cur fios gu: Communications Manager 01738 476873



Council Text Phone Number 01738 442573

All Council Services can offer a telephone translation facility