

**Residential Visit to Activity Island on the Isle of Wight 18<sup>th</sup> to 22<sup>nd</sup> June 2018**  
**PARENTAL CONSENT FORM and CONFIDENTIAL INFORMATION**

Link to online version: <https://www.hawthornprimarykettering.co.uk/form/?pid=108&form=565>

Child's name		D.O.B	
Address			

**Contact Details**

Name and relationship		Telephone No(s)
1.		Home: Mobile: Work:
2.		Home: Mobile: Work:
3.		Home: Mobile: Work:

**Medical information including allergies**


Family Doctor (name and address)	Telephone
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**Immunisation status**

Is your child vaccinated against Tetanus?	
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Date of injection \_\_\_\_\_ Booster \_\_\_\_\_

Photograph Permission: (please tick one)

I am happy for my child to be photographed whilst on this trip.	Yes		No	
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You would always be contacted if we were concerned about your child's health. However, the school will be taking the following medicines in the first aid kit. Please tick below, to give your consent to your child being given the following medicines at the stated, age appropriate dosage, without prior consultation, if felt necessary by the group leader. (All medicines given will be recorded and reported to you upon your child's return)

Do you give permission for us to administer the following (if necessary)?				
Savlon Cream	Yes		No	
Calpol	Yes		No	
Piriton	Yes		No	
Suntan lotion	Yes		No	
After Sun lotion	Yes		No	

Dietary Requirements				

I wish for my child to take part in the Residential visit to the Isle of Wight and am happy for him/her to take part in the scheduled activities. Please list any activities that you do not wish your child to take part in below.

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Are you happy for your child to paddle in the sea? (Knee depth only – no swimming)	Yes		No	
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**I understand that if my child displays unacceptable behaviour that could put themselves or other members of the party at risk, then they may be excluded from the rest of the residential and parents may be asked to collect their child from the hotel.**

Signed		Date	
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