

PARENTAL CONSENT FORM

Please complete both sides



School			
Course date	From	To	
Pupil Name			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth	
Home address			
	Postcode		
Telephone	Land	Mobile	
Emergency contact name	Telephone (if different from above)		

Medical and dietary information

Doctors name

Practice address and post code

Practice telephone number

Please give information regarding medical conditions, allergies or significant disabilities eg asthma, diabetes, epilepsy, heart conditions or previous relevant injuries:

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Details of medication (continue on separate sheet if more space needed)	1	Name of medication: Frequency:	Dosage:
	2	Name of medication: Frequency:	Dosage:
	3	Name of medication: Frequency:	Dosage:

Do you consent to those caring for your child giving over the counter medication eg Calpol or travel sickness tablets, if required? Yes No

Dietary requirements

Please give brief details of dietary requirements such as vegetarian, vegan or allergies:

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Other information

Please give any other information which you think might be helpful to those who will be caring for your child

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Is your child confident in a swimming pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can your child confidently swim 50 metres?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please sign the other side of this form

Photographs

Pendarren House may wish to use photographs or video images for promotional purposes eg on the Pendarren House website or in Centre displays. No individual(s) will be identified by name. Please contact the Centre if you do not agree to the use of any images for this purpose.

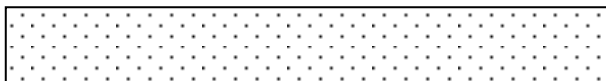
Insurance statement

Pendarren House and Haringey Council will be responsible for only their own liability, including neglect attributable to its employees in the course of their duty. Personal accident and cancellation insurance are not provided. It is recommended that participants or their organisation arrange such insurance.

Declaration

The person named above agrees to follow safety instructions from Pendarren House staff and their delegates. I understand that, although Pendarren House minimises risk by the use of highly competent and experienced staff working within strict guidelines, there is an element of risk inherent in all activities which cannot be entirely eliminated. In the event of serious illness or injury during the course, I agree to the disclosure of this medical information and to the person named above receiving medication and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I undertake to pay the charges applicable to participation in this visit of the person named above.

**Signature of parent / guardian
if person above is under 18**



Date

