



# Kea Community Primary School

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**Please ensure that this form is completed and returned to the School Office**

**BISHOPS FORUM YEAR 4 CAMP  
19-20 May 2021**

Parental Consent Form

**DISPENSING OF MEDICINES AND EMERGENCY MEDICAL TREATMENT**

1. Name of child: \_\_\_\_\_
2. Home telephone number: \_\_\_\_\_
3. Daytime telephone number (emergency): \_\_\_\_\_  
Name: \_\_\_\_\_
4. Second daytime number (emergency): \_\_\_\_\_  
Name: \_\_\_\_\_
5. Date of last anti-tetanus injection: \_\_\_\_\_
6. Name, address and telephone number of own doctor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Please indicate below any information concerning your child's health (allergies, sensitivities or illnesses) or special diet which is relevant to the camp:
8. Please indicate below any medicines your child is currently taking or prescribed (please keep us informed of any changes prior to the visit):



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## 9. First Aid/Medical Treatment

I give permission for the staff of Kea School or qualified Instructors working with the authority of the headteacher to administer basic first aid or give emergency medical treatment to my child if necessary.

I consent to my child being administered Calpol by a member of school staff if required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 10. Parental Consent

- (i) I have read the information provided and agree to my son/daughter taking part in the activities of the Bishops Forum Camp from 19 to 20 May 2021.
- (ii) I acknowledge the need for him/her to behave responsibly at all times.
- (iii) I understand that the staff responsible for the activities will take all reasonable care of participants.
- (iv) I consent to any emergency treatment necessary. I therefore authorise the party leaders to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.
- (v) I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.

Bishops Forum may take photographs of sessions for use on promotional material. Please tick if you **do not want** your child to be photographed.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_