





Kea Community Primary School

9. First Aid/Medical Treatment

I give permission for the staff of Kea School or qualified first aider 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 on the Torquay PGL residential from Monday 17 May to Friday 21 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 by taxi accompanied by a member of staff in the event of an emergency and in accordance with associated Local Authority guidance.

Photographs will be taken by school staff during the residential visit. Photographs taken might be used for the school newsletter, website and might also be used in the leavers' assembly/leavers' book. Please tick if you **do not want** your child to be photographed.

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Signature: _____ Date: _____

Print Name: _____