

## PERMISSION FORM

To be completed by parents or guardians on behalf of the young person attending and returned to the School Office / Group Leader

<b>School/ group name:</b>			
<b>Dates of visit:</b>		From:	
Name of child attending			
Address:			
Parent/Guardian name:			
Parent/Guardian contact numbers		Daytime number:	
		Evening number:	
Date of birth of child			
<b>Medical information</b>			
Doctor			
Doctors address			
Doctors telephone number		Daytime number	
		Evening number	
Does your child have a rare blood group?		<b>YES/NO</b>	If <b>yes</b> , please state which group
Is your child allergic to any medicines?		<b>YES/NO</b>	If <b>yes</b> , please give details
Has your child been prescribed medication to take during their time at Grafham Water Centre?		<b>YES/NO</b>	If <b>yes</b> , please give details
<b>This medication should be handed to the Teacher in charge, together with the written dosage instructions.</b>			

Is there any other information concerning your child's health that you feel we should know about? e.g. sleepwalking, asthma, epilepsy, hay	Please give details	
Has your child had a Tetanus injection in the last 5 years?	<b>YES/NO</b>	Notes:
Does your child wet the bed?	<b>YES/NO</b>	
Does your child suffer from travel sickness?	<b>YES/NO</b>	
Is your child able to swim on their own?	<b>YES/NO</b>	

<b>DIETARY INFORMATION</b>	Please indicate any special dietary requirements your child may have due to medical, religious or moral reasons.

<b>PARENTAL DECLARATION</b>
<b>A parent or guardian must complete the following section if the student is under 18 years of age.</b>
I undertake to inform the visit organiser or the Head Teacher as soon as possible of any relevant change in medical circumstances occurring before the journey.
In the case of accident or illness whilst away from home, I consent to any necessary medical treatment, which might include the use of anaesthetics.

<b>Please Note:</b> We may occasionally take photographs or film young people involved in activities. These may be used in various publications, brochures or for TV. Do you give permission for this? (Grafham)	<b>YES/NO</b>
<b>School:</b> We share pictures from our time there via the school Facebook page. This often happens on a daily basis, while we are there. Do you give permission for your child to be included in these pictures?	<b>YES/NO</b>

### **INSURANCE ARRANGEMENTS**

I agree that **(I / my son / daughter / ward)** will participate in a programme of activities which has been planned between Grafham Water Centre and the school.

I understand that the insurance of Cambridgeshire County Council covers all legal liability to all students on courses. Personal Insurance is provided for all Cambridgeshire County Schools on receipt of the deposit. Grafham Water Centre regrets that the insurance cover is not available to other organisations. Such organisations are strongly recommended to provide their own insurance for personal injury, loss of possessions or cancellation, which should take effect from the time of booking.

<b>Signed:</b>	<b>Parent or Guardian</b>
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<b>Date:</b>	
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**Thank you for completing this form. Please return it to your Group Leader.**

