



King Charles I School
PARENTAL CONSENT FORM
(For higher risk or residential trips)

Please complete and return this form to no later than

Student' Name: Tutor group:

Passport number (for trips abroad):

Section A

1. Address and telephone number where parent/carer or other person with parental responsibility can be contacted in case of emergency.

(a) daytime:

Name/Address

(b) evening:

Name/Address

Tel:

Tel:

2. Does your son/daughter suffer from any allergies? If so, please give details.

Empty box for allergy details

3. If your son/daughter is taking medication, please give details of dosage, etc.

Empty box for medication details

4. If your son/daughter has suffered any infectious, contagious or other conditions in the last 3 months, please give details.

Empty box for infectious conditions details

5. Has your son/daughter received a tetanus injection in the last 5 years? Yes No

6. Please give name, telephone number and address of your family doctor.

Empty box for family doctor details

7. Does your son/daughter have any specialist dietary requirements? If so, please tick box as appropriate.

Vegetarian

Diabetic

Other (please specify)

Three empty boxes for dietary requirements

8. Does your son/daughter suffer from travel sickness? Yes No

If so, what arrangements need to be made.

9. Is your son/daughter confident in water? If so, how far can he/she swim?
Please tick appropriate box.

Cannot swim
Still at the beginner stage
Able to swim 25 metres
Able to swim longer distances (greater than 25 m) with ease
A successful Bronze/Silver/Gold Life Saving Award holder

10. Are there any activities in which your son/daughter is unable to participate? If so, please give details.

11. Is there anything else (medical or otherwise) you think we should know about your son/daughter (eg homesickness, etc)?

Section B

(to be completed in addition to Section A by parents/carers of students with special needs)

1. Has your son/daughter been away from home without you before?
2. Does your son/daughter sleep with the light on?
3. Please give details of any significant bedtime routine?

Yes	No
Yes	No

Section C – Declaration

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I hereby give permission for photographs taken of my son/daughter during this journey/visit can be used for any reasonable purpose including King Charles I School publicity, in printed or electronic media. The photographs may be shared with local news media and event organisers and displayed around the school.

Signed: Date:

This form should be signed and returned completed in all boxes, together with the signed consent form for the visit.