



PARMITER'S SCHOOL

GOLD DUKE OF EDINBURGH AWARD 2019/20

PARENT/GUARDIAN CONSENT AND INFORMATION

Please complete, in full, these questions:

SECTION A: STUDENT INFORMATION

| | |
|---|---|
| SURNAME: | FORENAMES: |
| DATE OF BIRTH: | AGE: (years on day of departure) |
| HOME ADDRESS | NAME OF DOCTOR: (required if consultation is necessary) ADDRESS |
| POSTCODE: | |
| HOME TELEPHONE NO: | |
| STUDENT MOBILE: | NATIONAL HEALTH SERVICE MEDICAL CARD NO: |
| STUDENT EMAIL: | |

MEDICAL INFORMATION

It is most important that we should know of any pre-existing medical condition (for example, asthma, diabetes, heart trouble), which may require treatment.

If, within two days prior to departure on ANY journey, your child becomes ill, you should have her/him seen by your own doctor.

*Delete the following as appropriate

*My child does NOT suffer from any pre-existing medical condition requiring treatment.

*My child suffers from which may affect him/her taking part in the activities on the trip.

*The following treatment may be required

*Known allergies to drugs or other medication are

Please attach letter if necessary.

SECTION B: PARENTAL INFORMATION

| | |
|--------------------------------------|---|
| GUARDIAN'S/ FATHER'S NAME | GUARDIAN'S/ MOTHER'S NAME |
| HOME ADDRESS | HOME ADDRESS (if different from father) |
| Home Tel. No. | Home Tel. No. |
| Mobile No. | Mobile No. |
| BUSINESS NAME | BUSINESS NAME |

| | |
|---|---|
| BUSINESS ADDRESS | BUSINESS ADDRESS |
| | |
| Tel. No. Ext. | Tel. No. Ext. |
| Alternative contact at place of work: | Alternative contact at place of work: |
| | |
| Usual hours at work | Usual hours at work |

SECTION C: INSURANCE

Insurance has been taken out through County. Details of the policy are held by the Bursar's Office. This does not cover valuable items such as radios,MP3 players etc., which should therefore **NOT** be brought.

SECTION D: RULES AND DISCIPLINE

Behaviour on the Award is expected to bring credit to the student and to the school. The staff expect full co-operation at all times.

Where appropriate: At no time should any student be on their own. Permission must be asked whenever students want to go anywhere without staff.

The "lights out" time will be at the discretion of the Award leader.

The staff reserve the right to send your son/daughter home at any point during a trip on the grounds of unacceptable behaviour.

SECTION E: DECLARATION

Please read carefully and sign below:

- I certify that my son/daughter is not suffering from any medical condition to impact their enjoyment of the itinerary provided.
- I understand that, while the school staff in charge of the group are in loco parentis and will take all reasonable care of the children, they shall not be held responsible for any loss, damage or injury suffered by my son/daughter.
- I understand that my son/daughter will not be supervised at all times.
- I accept the conditions, under Section D, on discipline.
- I consent to any emergency treatment, including the use of anaesthetic, blood transfusion, during the course of the Award, and for the local doctor to contact my GP at his discretion.
- I have received the details of the insurance cover. (If I require any further, additional cover, I will arrange it.)
- I undertake to inform the party leader if my child or any member of the family suffers from any infectious disease within 21 days prior to a journey. (Insurance requirement.)

| | |
|--------------------------|-------|
| Signature: | |
| Relationship to student: | Date: |