

The Piggott School, a Church of England Academy.

Parental Consent form for Off-site and Hazardous Activities

EV 2

Attached to this form is information regarding an activity. If you wish your child to join in the activity, complete and sign the form and return as indicated in the information.

Pupil's name	Tutor Gp:	Date of Birth:
Home address:		
postcode		
Tel.no. (Inc std.code):		NHS number:
An emergency contact telephone number?		
Is your child receiving medical treatment at present? If so please give details:		
Please give details of any medical conditions that might affect your child's performance or safety on this activity (please advise of any infectious illness in the 4 weeks prior to departure):		
Please give your family doctor's name and address:		
Please add any medical or dietary information.		

Statement
I acknowledge receipt of the information regarding the proposed activity to:
On:
And consent to my child, named above, participating.
I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the School of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.
Signed: Date:
Please indicate relationship to child: