

## Parent/Guardian Consent and Contact Information

This form must be **completed by the parent/guardian** and returned to school.

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School year: Y \_\_\_\_ Male/Female

Home address: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Other Phone No: \_\_\_\_\_

Email address \_\_\_\_\_

**Please note we may need to use these contact details if your child is not feeling well or in case of emergency while we are in Castleton.**

- Does your child suffer from any illness, medical condition, or allergy? Yes / No

If yes please give details overleaf.

- Will your child be taking any medications whilst at the Hollowford Centre? Yes / No

If yes please give details overleaf.

- Does your child have any special dietary requirements, food allergies or intolerances? Yes / No

If yes, please give details \_\_\_\_\_

- Is your child actively sensitive to Penicillin? Yes / No
- Is your child up to date with immunisations? Yes / No
- Do we have permission to give your child Paracetamol if it is thought necessary? Yes / No

**Please provide the name, address and telephone number of your Family Doctor.**

Doctor's name: \_\_\_\_\_

Doctor's phone No: \_\_\_\_\_

Address: \_\_\_\_\_

**In case of an emergency, please provide details of other people whom we could contact if you are unavailable.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I agree to my child taking part in activities at the Hollowford Centre, and consent to any emergency medical treatment that is necessary. I authorise the teacher in charge to sign, on my behalf, any written consent required by the hospital authorities should any surgical operation or medical treatment be necessary. I understand that this would only be necessary, if in the opinion of the doctor or surgeon concerned, delay in obtaining my signature is likely to endanger my child's health and safety.

**Please add any further information on the back of this form.**

Signed: \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Name printed: \_\_\_\_\_ Parent/Guardian