



PARENTAL / GUARDIAN FORM

This form relates to (PLEASE INSERT NAME) Class: P1

Who attends: **Lenzie Meadow Primary School**

Who will take part in the following activity or excursion: **All trips throughout the school day and extra-curricular activities**

from: 13 August 2020 (9am)

to: 24 June 2021 (1pm)

Medical Information:

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

If YES, please give details, including the description of the medication and its dosage.

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give brief details.

(c) Is your son/daughter allergic to any medication? If YES, please specify.

(d) Has you son/daughter received a tetanus injection in the last ten years? YES / NO

If YES, please give date of last injection: _____

I undertake to inform the Group Leader/Head of Establishment as soon as possible of any changes in the medical circumstances between the dates on which this form is signed and the commencement of the excursion.

Please outline below any **Special Dietary Requirements:**

Water based activities:

For excursions which involve swimming or include activities, such as canoeing, where being able to swim may be part of the activity, please answer the following questions

- Is your child able to swim 50m? YES / NO
- Is your child confident in a pool? YES / NO
- Is your child confident in the sea or open water? YES / NO
- Is your child safety conscious in water? YES / NO

I give consent for my child to participate in the stated swimming or water based activity having understood the information provided regarding the activity and venue. YES / NO

Contact Details: I may be contacted by telephoning the following numbers:

Home: _____ Work: _____ Mobile: _____

My home address is:

If not available, in an emergency please contact:

Name: _____ Relationship: _____

Address:

Home: _____ Work: _____ Mobile: _____

Name of family doctor: _____ Telephone: _____

Address:

Declaration:

I agree to _____ taking part in the above-mentioned visit or activity and, having understood the information provided, agree to his/her participation in any of the activities described.

I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that I may be held accountable for reasonable costs occurring from his/her early return home from the trip due to his/her conduct.

I agree to my son/daughter receiving emergency medical treatment as considered necessary by the medical authorities present.

I acknowledge that the information provided in this form will be used in accordance with the privacy notice issued to me as the start of the school term.

I understand the extent and limitations of the insurance cover provided and my child is not travelling against the advice of a qualified medical practitioner relating to any pre-existing medical condition or recent illness.

Signed: _____ Date: _____

Full name: _____