|  |  |  |
| --- | --- | --- |
|  | PARENT/GUARDIAN CONSENT FORM | FORM P9 |
|  | | |

|  |  |
| --- | --- |
| School/Group: | Year 3 & Year 5 swimming |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Details of visit to:** | | | | | | Knowsley Leisure & Culture Park | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | From: | | | 9am | | | | Date/ | 11.3.13 | | To: | | | 12 noon (approx) | | | Date/Time: | | | | 21.3.  13 | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | I agree to | | | |  | | | | | | | | (name) taking part in this visit and | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | have read the information sheet provided. I agree to | | | | | | | | | | |  | | | | | | | | | | ‘s | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | participation in the activities described. I acknowledge the need for | | | | | | | | | | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | to behave responsibly and that I may be required to collect them/meet the cost of them being | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | transported home should they breach conduct or safety rules whilst on the visit/activity. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | **Medical information about your child** | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | a. | Any conditions requiring medical treatment, including medication? | | | | | | | | | | | | | | | | YES | NO | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | If YES, please give brief details: | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *SWIMMING ABILITY*  * *Is your child able to swim 50 metres? YES/NO/* * *Is your child water confident in the pool? YES/NO/* * *Is your child safety conscious in water? YES/NO/*   *1. I would like \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) to take part in the swimming activities.*  *2. I consent to any emergency medical treatment required by my child to be administered during the course of the visit.*  *3. I confirm that my child is in good health and I consider him/her fit to participate.* | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey. | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | **Declaration** | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact telephone numbers: | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Work: | |  | | | | | | | Home: | | | | |  | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Home Address: | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Alternative Emergency Contact: | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | |  | | | | | | | Tel: | | | | |  | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Family Doctor: | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name | |  | | | | | | | Tel: | | | | |  | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Signed: | |  | | | | | | | | | | Date: | | |  | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name (capitals): | | | | | |  | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |