

Parent Consent Form

(to be retained by school – PGL do not require a copy)

Emergency Details		
Child's Full Name		
Full Postal Address		
Date of Birth		
Place of Birth		
Parent / Guardian's Full Name		
	☎ Day	
	Evening	
	Mobile	
Important Medical and Dietary Details		
Name of Doctor		
Please give details		
of any medical		
, , , , , , , , , , , , , , , , , , , ,		
or current medication.		
Is your child allergic to any medication? Yes / No		
If YES please give details		
Please detail anything concerning	the health of a close relative which may make it necess	sary to cancel/cut short the
trip		
Please give details		
of any special dietary		
requirements.		
Please confirm whether vour child	will have a valid EHIC card at the time of travel	Yes / No
Swimming Ability		
Is your child able to swim 50 metres or more?		Yes / No
Is your child unable to swim 50 metres or more but is confident in water?		Yes / No
Is your child unable to swim?		Yes / No
Will your shild have a valid server	Passport	Yes / No
Will your child have a valid passport?		res / NO
If not please attach 2 passport photographs		

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian

Date

The personal information supplied will only be used to allow PGL employees, agents, subcontractors and suppliers to provide the promised service to PGL's normal high standard.