



This form provides consent from parents for all activities undertaken in PE throughout the year, during and after normal school hours. If any details change, parents will contact the school to update the consent held in this form.

Name _____

Form: _____

School St Mary's Catholic School

Details of visit: All extra curricular activities in PE during and outside normal hours either on site or at other local venues. Parents will be informed of activities before they take place by PE staff.

I agree to _____ (name) _____ (date of birth)

participating in the activities described. I acknowledge the need for _____ to behave responsibly, and agree to meet the costs of early return should such an action be necessary as a result of _____'s unacceptable behaviour

1. Medical information about your child

Any conditions requiring medical treatment, including medication? Yes / No

If Yes, please give brief details:

What type of pain/flu relief medication your child may be given if necessary:

2. Dietary information about your child

Please outline any special dietary requirements of your child?

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. Where applicable, I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

Name of family doctor: _____ Telephone number: _____

Address: _____

Signed: _____ Date: _____

Full name (capitals): _____