



PARENT CONSENT FORM

Year 4 PGL Liddington, 9-11 April 2025

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 _____ ☎ _____

Details of any medical conditions and allergies _____

Current medication, dosage _____

Do you give consent for your child to be given Calpol, if required? Yes / No

Please give details of any special dietary requirements. _____

Swimming Ability

Is your child able to swim 50 metres or more? Yes / No

Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)? Yes / No

Is your child unable to swim? Yes / No

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.

