



Parent consent form

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

IMPORTANT INFORMATION

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			
Telephone Number			
Please give details of any medical conditions, allergies or current medication.			
Is your child allergic to any medication?			
If Yes please give details.			
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 unable to swim 50 metres or more but is confident in water?	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.