

## Residential Parental Consent Form

The information being collected on this form will only be used for the purpose of school administration of visits and journeys. The data will not be disclosed to any external sources other than in an emergency, without your written consent.

1. Details of visit – **London Residential**

From: (date/time) **16<sup>th</sup> March 2020 at 07:49** to: (date/time) **19<sup>th</sup> March 2020 at 19:31**

2. Name of pupil .....

3. Address

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 .....  
 .....  
 .....

4. Tel. No. ....

5. Age ..... Date of Birth .....

6. Emergency Address and/or telephone (if different from above)

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 .....

7. Personal information: Please give details requested below or personal information which might be relevant.

A. Does your child suffer from diabetes, migraine, epilepsy, bad period pains, sleepwalking, bed wetting or any other illness or disability?

☐ YES ☐ NO If yes, give details

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B. Is he/she allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any particular food/drink)?

☐ YES ☐ NO If yes, give details

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C. Is he/she actively sensitive to penicillin or any other medication?

☐ YES ☐ NO If yes, give details

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