



Year 6 Residential Parent / Guardian Consent form

All of the information on this form will be held in confidence. We need to know these details in order to meet the specific needs of your child.

1. Full Name of Child:
2. Name of Child's Class **(Please Circle):** **Lobsters** **Swordfish**
3. Child's Full Address including postcode:
4. Emergency Telephone Number 1, contact name and relationship to the child:
5. Emergency Telephone Number 2 contact name and relationship to the child:
6. Age of Child:
7. Date of Birth of Child:
8. Please select gender option **(please Circle)** **Male** **Female**
9. Name, Address and Telephone number of Child's GP:
10. Child's medical/NHS number (if known):
11. Details of any known allergies, conditions, medication being taken (put N/A if none):
12. Any other special needs, requirements or directions that would be helpful for us to know about (put N/A if none):

- 13.** In the event of illness, I give permission for the above-named child to be given medical treatment to be administered where considered necessary by a trained first aid person, or by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

(Please circle) Yes No

14. Photo & Video Release

I, the legal parent or guardian of the child named above, hereby give the National Marine Aquarium, Mount Batten and their legal representatives and assigns, and Eden Park Primary and Nursery School the right and permission to publish, without charge, photographs and or video footage taken at the fore mentioned event. This material may be used in publications, including electronic campaigns, or in audio/visual presentations, promotional literature, advertising, social media or in other similar ways.

(Please Circle) Yes No

- 15.** I understand should my child not follow the instruction of the staff from school or at the sites, displays inappropriate behaviours, or acts in a way dangerous to themselves or to others, the school has the authority to phone home and ask for my child to be collected. I understand that I may need to collect my child in the unlikely event this may happen.

(Please Circle) Yes No

- 16.** I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signed:.....

Name:.....

Date:.....