



FORM OV 7C (CSF4260) ANNUAL PARENTAL CONSENT FORM
Establishment: St Giles C of E Primary School

To be completed by a person with parental responsibility for the child.

Child/Young Persons Full Name: _____	
Date of Birth: _____	
Does the above person:	
<ul style="list-style-type: none"> • Have a medical condition requiring medical treatment or medication? • Have an allergy to certain medications? 	Y/N Y/N
<i>(Please give details of medical condition/treatments or allergies to medications below)</i>	
Is s/he able to administer her/his own medication?	Y/N
Has s/he received a tetanus injection in the last 5 years?	Y/N
I wish to draw the following to the school's/centre's attention (e.g. allergies, special dietary requirements, phobias, travel sickness, toileting difficulties, recent operations or treatments, other conditions which may affect fitness to participate in certain activities): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

EMERGENCY CONTACT INFORMATION (Please give as much information as possible, and ensure two contacts details are given)		
	1 st CONTACT	2 nd CONTACT
Name:		
Relationship:		
Address:		
Mobile No:		
Home No:		
Work No:		

FAMILY DOCTOR DETAILS

(Where this information has already been provided by the school, please check and confirm it is correct)

Name:
Address:
Telephone No:
Child's NHS number (if known):

DECLARATION: -

I understand that my child may leave the school premises for local, curriculum-related, regular or routine visits, as may be detailed in the school's prospectus, or for sports fixtures when representing the establishment as part of a team, and hereby give my consent for my child to participate in such events.

I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent may be required from me.

I agree that (full name of child) _____

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary

I undertake to inform the school as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

I am satisfied that all reasonable care will be taken for the safety and well-being of all participants and that appropriate staffing and safety measures will be in place at all times.

Permission for use of images of participants (optional)

I do / do not* give my permission for photographs and/or videos to be taken of my child for use in educational or youth work promotional materials and displays when required, with or without using their name.

* Delete as applicable

Signed:	Print Name:
Relationship:	Date:
Address (if different from above):	
Postcode:	
Telephone No:	

The Declaration on this form must be signed by someone with parental responsibility for the child.