**TRIP CONSENT FORM**

**TRIP TITLE: PGL – Caythorpe Court DATES OF TRIP: 29 June – 3 July 2021**

**PUPIL NAME:**

***Medical Consent***

**I consent to my son/daughter (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**receiving medical care (including anaesthetics) whilst he / she is in the charge of Langley Prep at Taverham Hall School staff on the above listed trip. I understand that every effort will be made to inform and consult me as soon as possible should the need for medical attention arise – for anything other than very minor injury.**

**Signature (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Please give all possible address and phone contacts during the trip and for the 48hours afterwards

(this should include a second relation/friend + your son’s/daughter’s doctor’s details)

###### *Adventurous Activities permission*

**I consent to my child (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_taking part in adventurous activities under the supervision of LPSTH and their chosen Activity Providers on the above listed trip.**

**Signature (parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRIP CONSENT FORM (continued)**

***Pertinent Information:*** *If you feel there is anything else we need to know* (such as being a weak swimmer, sleepwalking, accidents overnight etc.):

##### *Passport Details – For Overseas Trips only*

Passport Number:

Date of Issue:

Date of Expiry:

Place of birth:

Country of Origin (If non-EU):

***Medical & Dietary Details***

Please give ALL details you feel appropriate. Please list details you feel the school may already have on file, in order to have the most up to date information. Any medication must be clearly marked and handed to MATRON IVES during the week before the trip. Allergies and reactions must be noted, however minor.

**SWIMMING**

*Is your child able to swim 50m? Yes / No*