

**FORRES SANDLE MANOR**

**PARENTAL CONSENT FORM**

**OVERNIGHT EDUCATIONAL, HOLIDAY AND RECREATIONAL VISITS**

Visit to: Plas Gwynant, Snowdonia	Date(s) of Visit:
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- We agree to our son/daughter/ward (*please write full name*):  
.....taking part on this visit.
- We agree to authorise members of FSM's staff during the course of the visit to approve such medical treatment for our child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. We set out on Plas Gwynant's Medical and Consent Form any medical condition from which our child is suffering, together with details of the treatment required.
- We consent to our son/daughter/ward taking part in the activities of the visit which have been explained to us.
- We acknowledge the right of the group leader to refuse to take our child if in his/her opinion the behaviour of our child constitutes a risk to safety or the School's reputation. We further acknowledge the need for our child to behave responsibly and agree that he/she may be sent home from the trip at our expense should he/she fail to do so.

To be signed by a parent or guardian or an adult charged with parental responsibility

• Signature:	• Dated:
• <u>Underline Status of Signatory</u> : <b>Parent / Guardian / Adult with Parental Responsibility</b>	
• <u>Address of Signatory</u> :	
<b>Points of Contact</b>	
• Daytime:	• Fax (If applicable)
• Evening:	• E-mail
• Mobile:	

# PLAS GWYNANT MEDICAL AND CONSENT FORM

Date of course: \_\_\_\_\_

The information provided on this form will be treated as CONFIDENTIAL and is only required by teaching staff to give any appropriate medical help and support

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Next of kin: \_\_\_\_\_

(or name of person to be contacted in an emergency if not the same as above)

Address: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

The nature of the courses at Plas Gwynant is such that they require participants to be involved in a variety of physical activities. Participation is not normally prohibited by a medical condition but it is essential that teaching staff are fully informed of a participant's medical background.

Please tick yes or no to each question:

Have you ever had?	Yes	No	If yes, please describe
Asthma, bronchitis, tuberculosis?			
Epilepsy, fainting, migraine, severe head injury?			
Diabetes?			
Heart trouble, raised blood pressure?			
Allergy e.g. to penicillin, other medicines, insect bites, food, hay fever?			
History of fractures or tendon/ligament damage e.g. back, neck, arms, ankles or knees?			

<b>Also:</b>			
Have you been treated by a doctor or hospital within the last two years?			
Are you suffering from any infectious disease?			
If you are taking any medicine, please give details and dosage			
Do you have specific dietary requirements?			

If you contract any diseases or illness subsequent to completing this form it is important that you inform Plas Gwynant immediately.

Name of family doctor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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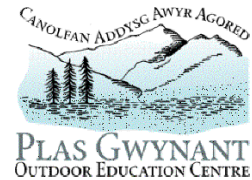
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Date of your last tetanus injection: \_\_\_\_\_

Please use this space for any extra medical information that may be useful:

**Consent:** To be signed by parents or guardians or adult with parental responsibility

We understand that during my child's stay at Plas Gwynant, he/she will be taking part in the Centre's activities. If he/she is taken ill or injured to the extent that some medication or surgery is required, the next of kin will be contacted to give consent for any treatment unless it would be contrary to the child's interests, in the doctors medical opinion, for any delay to be incurred by seeking the next of kin's consent.



Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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