**Adventures Into - Parental Consent Form**

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| **Camp details** | |
| Venue | Bramingham Primary School |
| Dates |  |
| Start time | 3:30pm |
| Finish time | 9am |
| Activities: Fire Lighting, Camp Fires, Soft archery and outdoor cooking | |
| **Participant details** | |
| Name |  |
| Date of Birth |  |
| Address |  |
|  |
|  |
| **Emergency Contact Details** | |
| Name |  |
| Relationship to child |  |
| Address |  |
|  |
|  |
| Emergency Telephone Number #1 |  |
| Emergency Telephone Number #1 |  |
| **Medical details** | |
| Any medical conditions, recent illnesses, allergies, injuries that the instructor needs to be aware of? |  |
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| **Statement of Risk** | |
| Adventures Into places safety as a top priority. Our camp activities involve some aspects of risk for the people taking part. Adventures Into aim to keep these risks as low as possible meaning the chances of serious injury are extremely low. The chances of minor injuries (bumps, bruises and less likely minor spark burn) are possible on camp but the chance is minimised by:-   * Careful risk assessments carried out for all activities * Experienced instructors will carry out the activities * Clear safety instructions will be given before activities take place * Equipment is well maintained and fit for purpose * Ensuring activities are well within the capabilities of the participants * Ensuring good hygiene standards are met | |
| **Consent** | |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of parent/guardian) agree to my (son/daughter)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part in the activities outlined above. I understand that my son/daughter will take part at his/her own risk and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with supervisory staff, unless proven to be caused by their negligence. I declare that, to the best of my knowledge, my son/daughter is competent and medically fit to participate in the activities outlined. I agree that medical treatment will be given if necessary and in case of emergency. I agree that a similar activity may be substituted due to safety factors or changing weather conditions. | |

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| Signature (parent/guardian) |  |
| Date |  |

A close-up of a stamp

Description automatically generated

SCHOOL MEDICINE FORM

|  |  |
| --- | --- |
| CHILD’S NAME |  |
| CLASS |  |
| NAME OF MEDICINE |  |
| STRENGTH OF MEDICINE (IF APPROPRIATE) |  |
| HOW MUCH TO GIVE (DOSE) |  |
| WHEN TO GIVE |  |
| START DATE |  |
| EXPIRY DATE OF MEDICINE |  |
| HOW LONG IS THE COURSE OF MEDICATION FOR |  |
| ANY OTHER PARENT’S NAME INSTRUCTIONS |  |
| CONTACT NUMBER |  |
| GP’S NAME AND TELEPHONE NUMBER |  |

In consideration for the Co-Headteachers or the school’s staff agreeing to give medication to my/our child during school hours, I/we agreed to indemnify the Co-Headteachers, the school’s staff and the Local Education Authority against all claims, costs, actions and demands whatsoever from the administration of the medicine, unless such claims, costs, actions or demands result out of negligence of the Co-Headteachers, the school staff and the Local Education Authority.

It is essential that we keep up to date medical records for all children. All medication brought into school needs to be collected by an adult at the end of the course or the school year (whichever is applicable). Therefore if any medication stored in school is not collected at the appropriate time, we will dispose of it.

**Please also note that only medication prescribed by GP 4 x per day can be administered in school. If more than one medicine is prescribed a separate form needs to be completed.**

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| --- | --- |
| Signature (parent/guardian) |  |
| Date |  |

Please let us know any other information relevant to an overnight stay such as tendency to sleepwalk, nightmares, bed wetting etc.

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| **Date** | **Time** | **Quantity** | **Given By** | **Witnessed By** |
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