



# Church Hill C. of E. Junior School

Church Hill Road - Thurmaston - Leicester - LE4 8DE

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Headteacher: Mrs D. Brown

## Parental Consent Form for Caythorpe Court 11<sup>th</sup> – 15<sup>th</sup> October 2021

Pupil's Name: ..... Class..... Date of Birth.....

Parent 1 Phone No:..... Parent 2 Phone No:.....

Home Address:.....

Alternative Contacts: Name:..... Phone:.....

### Medical Information

Does your child have a medical condition?	Yes / No	If yes, please give details:
Does this require treatment?	Yes/No	If yes, please fill in the attached 'Request for Administration of Medicines' form
Does your child suffer from bed wetting?	Yes/No	
Is your child allergies to any medication?	Yes/No	If yes, please specify:
Has your child received a Tetanus injection?	Yes / No	
Please outline any special dietary requirements?	Please specify:	
Name & Address of Family GP		
Child's NHS Number		
To the best of your knowledge has your child been in contact with, or suffered from any contagious diseases in the last 4 weeks?	Yes/No	
Is your child a confident swimmer?	Yes/No	

### Declarations:

- I agree to my child receiving emergency medical treatments should the medical authorities consider this necessary. Every effort will be made to contact parents beforehand.
- I agree to my child taking part in the activities outlined in the residential meeting.
- I acknowledge the need for my child to follow instructions and behave responsibly. Failure to do this could result in them being sent home.
- I agree to collect my child should they show any Covid-19 symptoms during the residential.

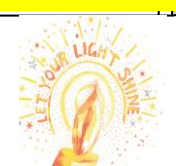
Signature: ..... Print .....Parent / Legal Guardian

Date:.....

**\*\*\* Please sign the Calpol / Antihistamine Form overleaf**

Deputy Headteacher:  
Mrs M. Sudera

Let Your Light Shine'  
Together Everyone Achieves More...  
The Church Hill Way



Chair of Governors:  
Reverend T Day



## **Calpol / Antihistamine Consent Form**

- By signing this part of the form, you are agreeing to your child receiving non-prescription medication if deemed necessary, e.g. Calpol or antihistamine.
- The medication will be administered by a staff member who is trained in first aid. The same staff member will keep a record of any medication administered.
- As you have signed this form, this allows us to administer the above medication without prior contact.

I ..... (Parent / Legal Guardian) agree to a first aider administering Calpol or Piriton to my child if deemed necessary in my absence.

Date .....