FAIRPLAY OUTDOOR EDUCATION CENTRE
Fairplay House I Station Road I Wickham Bishops
Witham I Essex CM8 3JL
Tel No 01621 891213 I Fax No 01621 892759
Email: Fairplay.house@newham.gov.uk

Newham London

Form 3

INFORMATION AND CONSENT FORM

This form must be completed and signed by the Parent/Guardian of the child named therein.
In signing this form you give the Centre consent for -

- Your child to take part in the full range of activities as requested by the school/group.
- Members of Centre staff to approve such medical treatment for your child as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

DETAILS OF STUDENT

SCHOOL/GROUP ..... DATE OF VISIT .....

NAME OF STUDENT ..... MALE/FEMALE*

HOME ADDRESS .....

..... DATE OF BIRTH .....

Is your child able to swim? **YES / NO*** My child is confident in water **YES / NO***

MEDICAL INFORMATION

NAME AND ADDRESS OF FAMILY DOCTOR .....

..... DR. TELEPHONE NO.....

- Does your child suffer from any medical condition? **YES / NO*** If **YES**, please give details

  .....
- Does your child receive medication? **YES / NO***

  If **YES,** please state Name ..... Dosage/Frequency.....
- Is your child allergic to any medication? **YES / NO*** If **YES**, please specify

  .....
- When did your child last have a tetanus injection? .....
- Please give details of any special dietary needs .....

EMERGENCY DETAILS - PARENT / GUARDIAN CONTACT TELEPHONE NUMBERS

WORK ..... HOME ..... MOBILE .....

SIGNATURE OF PARENT/GUARDIAN ..... DATE.....

FULL NAME OF PARENT/GUARDIAN (IN CAPITALS PLEASE)

.....

The safety and welfare of your child is our number one concern. The highest standard of behaviour will be expected at all times from your son/daughter. Your co-operation with this aim will be very much appreciated.

☐ Please tick box if you do not wish your child's photograph to be used for Fairplay O.E.C publicity.

Please return the completed form to the school

ELLEN WILKINSON
Primary School

Dear Parents/Carers,

For your child's safety and well-being during their time at Fairplay House, please complete and sign the following form outlining any medical conditions your child may have. We already have details of emergency contact numbers and the name of their doctors from the pink form you have already completed. **PLEASE NOTE THIS FORM MUST BE COMPLETED & SENT IN OR WE WILL BE UNABLE TO TAKE YOUR CHILD & ANY MONIES WILL BE RETURNED.**

Sue Ferguson
Headteacher

Child's Name _____

Please tick the appropriate box and provide details if necessary.

Condition	Yes	No	Details (including medication)
Epilepsy			
Asthma			
Diabetes			
Food Allergies			
Allergic to Penicillin			
Other allergies			
Travel sick			
Wets the bed			
Sleep walks			
Tetanus Booster in last 5 years			

If your child has any other medical condition not mentioned above please give details including medication taken (type, dosage time of day etc.):

I agree that the information above is correct, and give permission for my child to be given any medication that has been mentioned. I also authorise members of staff, during the course of the visit, to approve such medical treatment for my child as is deemed necessary in an emergency, on the advice of a medical practitioner.

Signed..... ..... (parent/carer)

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Head Teacher: Sue Ferguson