



Signed.....student (13+ yrs)

Year PA	RENTAL CONSENT FORM					
Establishment: THE MARLBOROUGH SCIENCE ACADEMY						
To be completed	by Group Leader/Organiser					
Visit:	Normandy 2018					
Group Leader:	Mr K Henshall					
Date of Visit:	27 October 2018	31 Oct 2018				
Is a photograph o	f participant required:					
To be completed by the parent/adult responsible for a child/young person.						
Child/Young Pers	sons Full Name:					
Date of Birth:						
Does the above pe	erson:					
• F	Iave a medical condition requiring m	nedical treatment or medication?	Y/N			
 Have an allergy to certain medications? 						
Is he/she able to administer his/her own medication? Y/N						
Please give detail	s of medical condition/treatments or	allergies to medications below:				
			2/07			
	n contact with any contagious or infe		Y/N			
anything in the last four weeks that may become contagious or infectious?						
If yes, give details	5 :					
Has he/she receiv	ed a tetanus injection in the last 5 year	ars?	Y/N			
Does he/she have	Y/N					
If yes, give details	s:					
I wish to draw the following to the Group Leader attention (e.g. allergies, phobias, travel sickness,						
toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect						
fitness to participate in certain activities):						
SWIMMING AR	ILITY (where swimming activities a	re planned)				
	1211 (Where Swining activities a	re planica)				
I confirm that		(name) is:				
Water confident a	and able to swim 25 metres.					
CDPP:						
GDPR:	for photos taken on the trip containi	ng my San/Daughter to be used on th	o school's			
i give permission	for photos taken on the trip contains	ng my Son/Daughter to be used on th	ie school s			
Website [] Facebook [] Twitter [] Open Day Displays [] Promotional Video [] Or all of the above []						

EMERGENCY CONTACT INFORMATION							
Rel	Name: lationship: Address:	N	IAIN	ALTERNATIVE			
Telephone Numbers:	Mobile : Home: Work: Other:						
FAMILY DOCTOR DETAILS							
Name: Address:							
Telephone Numbers: National Health Number:							
DECLARATION: I have received and understood the details of the visit.							
I agree that (full name of child/young person): can participate in the visit and activities described; can be transported in the private vehicles of staff/volunteers supervising the visit; is in good health and fit to participate in the activities described; can receive medical treatment as necessary.							
I undertake to inform the Group Leader as soon as possible of any change in medical circumstances.							
I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.							
Signed:			Name in Capitals:				
Relationship		Date:					
Address:			L				
Postcode:							
Telephone No:							
Where required, has a passport sized photograph been attached				Yes No			



Switchboard: 01727 856 874











