



Parent consent form (to be retained by school – PGL do not require a copy) IMPORTANT INFORMATION Emergency details	
Child's Full Name	_____
Full Postal Address	_____ _____ _____
Date of Birth	_____
Place of Birth	_____
Parent / Guardian's Full Name	_____
	Day _____
	Evening _____
	Mobile _____

Important Medical and Dietary Details

Name of Doctor	_____
Telephone Number	_____
Please give details of any medical conditions, allergies or current medication.	_____ _____ _____
Is your child allergic to any medication?	_____
If Yes please give details.	_____ _____
Please give details of any special dietary requirements	_____

Swimming Ability

Is your child able to swim 50 metres or more?	Yes / No
Is your child unable to swim 50 metres or more but is confident in water?	Yes / No
Is your child unable to swim?	Yes / No

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian

Date

The personal information supplied will only be used to allow PGL employees, agents, subcontractors and suppliers to provide the promised service to PGL's normal high standard.