

PICKERING JUNIOR SCHOOL – CONTACT DETAILS AND MEDICAL CONSENT FORM

Offsite educational visit or adventurous activity			
Visit/activity title	Year 3 Castle Howard Bushcraft Company 2026		
Year group	Year 3	Date(s)	

Personal details			
Full name of participant	Gender	Age	Date of birth
Home address			

Emergency contacts (Please provide at least 2 contacts)		
Name	Relationship	Telephone numbers

Doctor's details		
Name (if known)	Practice and village/town	Telephone number

Medical information and allergies			
Please give details of medical conditions or allergies including any medication to be taken and the times and the dosage. Continue on a separate sheet if necessary.			
Condition / Allergy	Medication	Dosage	Time

Medication

Are you happy for us to administer Calpol if deemed necessary?	Yes/No
Do you give permission for us to administer Piriton (or other branded allergy medicine) if deemed necessary?	Yes/No
Do you give permission for us to give your child suntan lotion to apply themselves if they do not have their own and there is a risk of sunburn? (We do ask children to bring their own if it is likely they will need it)	Yes/No
Is your child covered for tetanus?	Yes/No

Dietary information

Please outline any special dietary requirements your child may have.

Medical Treatment

I consent to any emergency medical treatment necessary during the course of the visit:	Yes/No
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Further information –

Please tell us about any other details we need to be aware of – e.g. sleep walking etc

Signed (parent/carer):

Date: