



Ufton Court 2020

(Monday 29th June - Wednesday 1st July)

**PARENTAL AGREEMENT AND  
CONFIDENTIAL INFORMATION AND  
MEDICAL FORM**

Please complete the following permission and medical forms and  
return to school by **Wednesday 1st April 2020**

Child's Name : .....

Class: .....

**GDPR Statement**

By signing this form, I confirm my agreement to Westfields Junior School processing my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after your child. This data may be shared with outdoor providers, doctors and other professionals to help us keep your child safe.

This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / Westfields Junior School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.  
Please see our website Data Protection page for further details:  
[www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)

## PARENTAL AGREEMENT

I confirm that I have parental responsibility for \_\_\_\_\_.

My son/daughter is in good health and I consider him/her capable of taking part in ALL the activities as outlined in the Ufton Court Information Pack.

In the event of illness or an accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

I am aware that the travel insurance synopsis will be available for viewing and emailed from April 2020.

In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the trip, I will undertake to inform the school.

I agree to my son/daughter taking part in the school visit to Ufton Court as outlined in the information pack

**Signed: \_\_\_\_\_ (Parent)**

Print name:

## PUPIL AGREEMENT

I understand that at Ufton Court, school behaviour expectations still apply, and I agree to follow the rights and responsibilities of the Westfields' Respect Charter and Behaviour Policy.

Child's signature: .....

Child's name: .....

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **Travel Arrangements**

It may be necessary in an emergency to transport your child in a car, for this we require written consent. Please note a booster seat will be available for use if needed.

I give my permission for my child \_\_\_\_\_  
class: \_\_\_\_\_ to travel by car in an emergency.

**Parent Signature:** \_\_\_\_\_

## **Additional Consent, Medical or Special Needs Information** (add additional sheets if required)

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Pupil's full name: .....

Date of birth: .....

Parent name and initial: .....

Home address: .....

.....

..... Post code .....

Contact telephone Nos. Home: .....

Mobile: ..... Work: .....

Name and address of pupil's doctor: .....

.....

.....

**Pupil's NHS No. .... *This must be completed.***

## **Paracetamol Permission**

I give permission for my child, \_\_\_\_\_ in class \_\_\_\_\_  
to be given mild painkillers (Paracetamol) if the need arises and is  
considered necessary by the Party Leader (Rob Medwell).

I would prefer my child to be given (*please tick as appropriate*)

☐

Paracetamol

☐

Paracetamol Seltzer

☐

Calpol

**Signed:** \_\_\_\_\_ **(Parent)**

### **Immunisation Status**

Has your child received vaccination against Tetanus in the last ten years?

YES NO

### **Current Health Status**

Is your child receiving medical or surgical treatment of any kind from either your family doctor or hospital?

YES NO

Has your child been given specific medical advice to follow in emergencies?

YES NO

Is your child receiving support or treatment for mental health from their counsellor or doctor?

YES NO

If the answer to any of the last three questions is "Yes" please give details in the space below, including name and dosage of any medicines/tablets (continue at back of this booklet if necessary):

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**Parent Signature :** \_\_\_\_\_

### **Has your child had, or do they suffer from, any of the following:**

(Please tick if the answer is yes)

- |   |                                     |
|---|-------------------------------------|
| ◇ Asthma or bronchitis                                    | ◇ Heart condition                   |
| ◇ Fits, fainting or blackouts                             | ◇ Severe headaches                  |
| ◇ Diabetes  | ◇ Allergies to any known medication |
| ◇ Any other known allergies e.g. material, food, plasters | ◇ Other illness or disability       |
| ◇ Bed wetting   | ◇ Travel Sickness                   |
| ◇ Regular medication                                      | ◇ Sleepwalking                      |

### **Dietary Requirements**

Please indicate below whether your child has any particular dietary needs: (Please tick if the answer is yes)

- |                |                    |
|----------------|--------------------|
| ◇ No additives | ◇ No dairy produce |
| ◇ Diabetic     | ◇ Coeliac          |
| ◇ Vegan        | ◇ Vegetarian       |
| ◇ Special diet |                    |

**A vegetarian option** is available at each meal.

If the answer to any of these questions is "Yes" please give details in the space below (continue at back of this booklet if necessary):

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