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|--|-------------------------|
| 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.