



Child's name	Class
Date of birth	Age

Please provide details of two people who may be contacted if necessary during the visit.

Contact 1

Name
Address
Telephone numbers Home: Work: Mobile:

Contact 2

Name
Address
Telephone numbers Home: Work: Mobile:

Family doctor

Name
Address
Telephone number

Does your child suffer from any conditions requiring medical treatment or medication?

Yes	No
If yes, please give details below.	

Is your child allergic to any medication or treatment?

Yes	No
If yes, please give details below.	

Has your child been hospitalised in the last six months?

Yes	No
If yes, please give details below.	

When did your child last receive a tetanus injection?

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Does your child have any special dietary requirements?

Yes	No
If yes, please give details below.	

Swimming ability

Please provide an assessment of your child's swimming ability:

- able to swim 50 metres or more
- cannot swim 50 metres but is water-confident
- non-swimmer and not water confident

I hereby give permission for my child to participate in the activities described. I believe that the information provided above is correct and will notify the course organise at school 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 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.