



MALCOLM SARGENT PRIMARY SCHOOL

Love To Learn

PGL TRIP 2018 PUPIL DETAILS FOR PGL

| | |
|---|---------------------------|
| Child's Full Name | |
| Emergency Contact Numbers: | Home: Work: Mobile: |
| GP's Name, Surgery, Tel No: | |
| Medical Conditions/Medication: | |
| Allergies: | |
| Dietary Requirements: | |
| Is your child able to swim 50m or more? | Yes/No |
| Is your child water-confident (ie can duck head under water and swim 15m in a life jacket or buoyancy aid without panic)? | Yes/No |
| Is your child unable to swim? | Yes/No |

- I consent for Malcolm Sargent Primary School to share my child's personal and sensitive personal data to be shared with PGL for the purpose of this residential trip.
- I agree to my child's participation in the PGL activities.
- 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 (copy attached).

Signed: (Parent/Guardian)

Dated: