



PARENTAL TRIP CONSENT AND MEDICATION FORM

Year 11 Activities Week and Prom – Tuesday 14th June 2022 – Monday 20th June 2022

Please complete ALL fields within ALL sections, sign and return by no later than Friday, 27th May 2022

Medication must be supplied to school in its original packaging and clearly labelled with the pupil's name and within the expiry date.

Student Name _____

Please tick below:

<input type="checkbox"/>	I give permission for my child to take part in Picnic and Treasure Hunt on Tuesday 14 th June 2022
<input type="checkbox"/>	I give permission for my child to take part in the Littlehampton trip on Wednesday 15 th June 2022 and will collect my child from The Park School at 6pm
<input type="checkbox"/>	I give permission for my child to take part in Top Golf and PYO on Thursday 16 th June 2022
<input type="checkbox"/>	I give permission for my child to take part in Prom on Thursday 16 th June 2022
<input type="checkbox"/>	I give permission for my child to take part in the Woking Cinema and Lunch trip on Friday 17 th June 2022
<input type="checkbox"/>	I give permission for my child to take part in the Moors Valley Country Park trip on Monday 20 th June 2022 and will collect my child from The Park School at 6pm
<input type="checkbox"/>	I have paid £50.00 via the SCOPAY website

Parent/Carer Full Name (PLEASE PRINT): _____

In the event of a medical emergency I give my permission for the appropriate medical treatment to be given. Please enter below any relevant medical information and allergies for this date:

My emergency contact number for the day will be: _____

Medical Information

Student's Date of Birth: _____

Class: _____

GP Name: _____

Location: _____

GP Telephone Number: _____

NHS Number: _____

Date of last Tetanus: _____

Please tick below:

<input type="checkbox"/>	I give consent for The Park School to administer paracetamol tablets
<input type="checkbox"/>	I give consent for The Park School to administer sunscreen

I give consent for staff at The Park School to give my child medication prescribed by our doctor as directed overleaf. I accept full responsibility for this instruction.

Signed _____
(Parent/Carer)

Date _____

Please complete all medication details on the next page

Headteacher: Dr Paul Walsh MA EdD NPQH

PTO

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Website: www.thepark.surrey.sch.uk





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Name of Medicine	Dose	Frequency/times	Special Instructions

