

Warren Road Primary School



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CROSS COUNTRY CONSENT FORM

*This form must be completed and returned to the class teacher, **at least 3 days before the event.***

1. Your Declaration

- I do / do not give consent for my child _____ of class _____ to take part in the Inter-Schools Cross Country, as detailed.
- I agree to my child receiving prescribed medication as instructed, e.g. asthma inhalers.
- If a situation arises where a child has had an accident, the parent/guardian will be contacted. In the event of a real emergency, any decisions for treatment will be taken by the medical professionals. Teachers will not be making decisions for medical treatment; they are not qualified to do so.

2. Medical information about your child

Any present conditions they have requiring medical treatment and/or medication?

Details: _____

Any allergies they have to medication, e.g. antibiotics?

Details: _____

3. Contact telephone numbers on day of visit

Name of Parent/Guardian: _____

Home Phone: _____ Work/Mobile: _____

Home Address: _____

Alternative emergency contact:

Name: _____ Phone: _____

Address: _____

4. Signed (Parent/Guardian) _____ Date: _____

(The group leader must take this form, or a copy, on the visit)