

**Renfrewshire Council
Department of Education
Parental Consent Form – Appendix 6a
Establishment PELCC**

Please carefully read all information given on both sides of this form and where necessary complete/update before returning to school office as soon as possible. Thank You

Details of journey: *All Nursery Trips/Outings for session 2022-2023*

I agree to my child _____ taking part in Paisley Early Learning & Childcare Centre Trips and agree to him/her participating in any or all of the activities available. I acknowledge the need for obedience and responsible behaviour on his/her part.

Medical Information:

- a. Does your son/daughter suffer from any conditions requiring medical treatment, including medication? YES/NO (If Yes please give brief details)

- b. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? YES/NO (If Yes please give brief details)

- c. Is your son/daughter allergic to any medication? YES/NO (If Yes please give brief details)

- d. Has your son/daughter received a tetanus in the last five years? YES/NO

- e. Please outline any special dietary requirements for your son/daughter.

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- f. Does your son/daughter have any disability and/or additional support needs. YES/NO (If Yes please specify). (Please note this information will be used to allow the planning of any additional support needed, in order to ensure full participation of the participant).

- g. I undertake to inform the leader in charge/head of establishment as soon as possible of any change in the medical circumstances between the date on which this form is signed and the commencement of the journey. I will also contact the school immediately to update contact details if they change during the course of the year.

We will collect, process and store personal data in accordance with Renfrewshire Council's Privacy Policy. These details will be used to confirm and update our school medical records to ensure we hold accurate medical information on all of our pupils, to update and confirm emergency contact details of the relevant guardian and to update and confirm the guardian's authority for the school to take the pupil on visits. Further information on how the Council handles your personal information can be found on www.renfrewshire.gov.uk/privacypolicy

Declaration by Parent:

I agree to my child _____ receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers.

Parent/Guardian Signature:

Date:

Home Address:

Mobile Number:

Home Contact Number:

Work Number:

If not available please contact:

Name:

Address:

Mobile Contact Number:

Daytime Contact Number:

Family Doctor:

Address:

Telephone Number:

This form or a copy must be taken by the leader on the activity and a copy retained in the establishment.