

## PERMISSION FORM – KINGS PARK RESIDENTIAL

*To be completed on behalf of the young person by a parent/carer  
and returned to the school no later than Friday 8<sup>th</sup> December 2023.*

**THIS INFORMATION WILL BE HELD SECURELY AND IN THE STRICTEST CONFIDENCE.  
THIS INFORMATION WILL NOT BE HELD ON FILE AFTER THE VISIT.**

### PERSONAL INFORMATION

<b>Dates of visit:</b>	Wednesday 13 <sup>th</sup> December - Thursday 14 <sup>th</sup> December
<b>Name of the young person attending:</b>	
<b>Date of birth of the young person:</b>	
<b>Address:</b>	
<b>Parent(s)/carer(s) name(s):</b>	
<b>Parent(s)/carer(s) contact number(s):</b>	

### MEDICAL INFORMATION

<b>Doctor:</b>	
<b>Doctor's address:</b>	
<b>Doctor's telephone number:</b>	
<b>Blood group:</b>	
<b>Allergies?</b>	
<b>Prescribed medication for the trip?</b>	<i>If prescribed medication will need to be administered at Kings Park, please complete the 'Parent/Carer Agreement for The Bliss Charity School to Administer Medicine' form and hand it in to the group leader on the day of the trip.</i>
<b>Other relevant information regarding the young person's health or wellbeing:</b>  <i>For example ...</i> <ul style="list-style-type: none"><li>• <i>Travel sickness</i></li><li>• <i>Hay fever</i></li><li>• <i>Bed wetting</i></li></ul>	

### DIETARY INFORMATION

*Please indicate any special dietary requirements the young person may have due to medical, religious or moral reasons.*

### PARENTAL DECLARATION

*A parent/carer must complete the following section if the young person is under 18 years of age.*

- I undertake to inform the group leader, or headteacher, as soon as possible of any relevant change in medical circumstances occurring before the visit.
- In the case of an accident or illness whilst away from home, I consent to any necessary medical treatment to be undertaken by first aiders or healthcare professionals.
- I give permission for the young person named above to travel in transport provided by the school to/from King's Park Centre and, if necessary, to travel in transport provided by the King's Park Centre.
- I give permission for the young person named above to stay overnight at King's Park Centre for the duration of the visit and to take part in the activities outlined in the school's itinerary.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to the school no later than Friday 8<sup>th</sup> December 2023.**