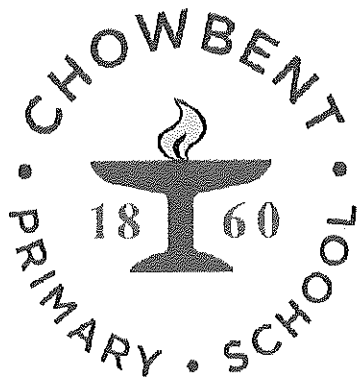


CHOWBENT PRIMARY SCHOOL



Headteacher: Mr. J. Randle B.A. (Hons)
Laburnum Street
Atherton
Manchester
M46 9FP
Telephone: (01942) 883410
Fax: (01942) 897773
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enquiries@admin.chowbent.wigan.sch.uk
Web: www.chowbent.wigan.sch.uk

28th November 2024

Dear Parent/Guardian,

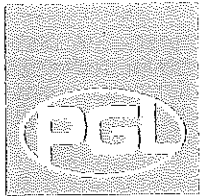
Re: PGL Winmarleigh Residential 2025.

Please can you complete the attached Parent consent form and return it to the school office by 13th December 2024.

Thank you

Mrs Carter
Admin Officer





Parent consent form

(to be retained by school – PGL do not require a copy)

Emergency details	
Child's Full Name	_____
Full postal Address	_____ _____ _____
Date of Birth	_____
Place of Birth	_____
Parent / Guardian's Full Name	_____
Day	_____
Evening	_____
Mobile	_____

Important Medical and Dietary Details	
Name of Doctor	_____
Please give details of any medical conditions, allergies or current medication.	_____ _____ _____
Is your child allergic to any medication?	Yes / No
If YES please give details.	_____ _____
Please give details of any special dietary requirements.	_____ _____

Swimming Ability	
Is your child able to swim 50 metres or more?	Yes / No
Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)?	Yes / No
Is your child unable to swim?	Yes / No

Declaration

I have read the information sheet provided and agree to my child's participation in the activities described. 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.

Signature of Parent/Guardian

Date

The personal information supplied will only be used to allow PGL employees, agents, subcontractors and suppliers to provide the promised service to PGL's normal high standard.

