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15<sup>th</sup> May 2024

Dear parents and carers,



**Year 4 & Year 5 Adventure Day to Petty Pool Outdoor Education Centre  
Friday, 24<sup>th</sup> May 2024**

The children in Year 4 and Year 5 are all very excited to be visiting Petty Pool Outdoor Education Centre next week. To enable your child to take part in all of the adventurous activities we would be most grateful if you could complete and return the attached Young Person' Consent Form.

Consent forms should be returned to the school office no later than Wednesday 22<sup>nd</sup> May. Children will **not** be able to take part in any of the activities at Petty Pool without a completed consent form.

Yours sincerely

Mrs J Callaway  
Headteacher

Enc.





**Petty Pool Outdoor Education Centre**



**Young Persons' Consent Form - Day Course**

Young Person's Name \_\_\_\_\_ School / Organisation \_\_\_\_\_

Date(s) of Course \_\_\_\_\_ Date of Birth \_\_\_\_\_

***Please complete the following details:-***

Address and telephone number where next of kin or other adult with responsibility can be contacted in case of emergency.

Name \_\_\_\_\_ Relationship to young person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Mobile) \_\_\_\_\_

***Medical Information about the young person***

Are there any medical / physical / behavioural or other needs which the Centre staff should be aware of? If YES please give brief details of the needs and any support required.

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving any regular medical treatment? If so please give details of all medicines including dosage

\_\_\_\_\_

Do you give permission for non-prescription drugs, e.g. paracetamol / Calpol to be given to your child if necessary?  
**YES/NO**

PTD

Name and address of your child's doctor \_\_\_\_\_

\_\_\_\_\_ Telephone No. of surgery \_\_\_\_\_

Does your child have any special dietary needs e.g. vegetarian, nut allergy? If YES please give brief details.

\_\_\_\_\_

**Declaration**

Please read and sign below to confirm your understanding and acceptance

- I understand that my child will undertake Outdoor and Adventurous Activities during his/her course and declare he/she is physically fit to do so.
- I understand that the teacher in charge of my child has a duty of care, and may issue suntan lotion and/ or insect repellent if necessary, and in the event of an accident I agree to my child receiving emergency medical treatment, which might include an anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I undertake to inform the Centre as soon as possible of any changes in the medical circumstances of my child that occur in between completing this form and the commencement of the activity, including if my child is in contact with any contagious or infectious diseases which could affect them or other people.
- I **consent** to the details above being used by Petty Pool OEC in line with their Privacy Policy for the safe delivery of the Course. The Privacy Policy can be viewed at [www.pettypool.org.uk](http://www.pettypool.org.uk)
- If you **do not** give consent to any of the statements above, please cross through the corresponding statement.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent / legal guardian)