

# Oaks Primary Academy

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Executive Principal: Mrs Debbie Biggenden

## Consent Form

**Trip: Swimming Lessons at Mote Park Leisure Centre**

Class: .....

Child's name (in full) .....

Home address .....

..... Post Code .....

Home Tel No ..... Mobile Tel No .....

Emergency Contact Name .....

Emergency Contact Tel .....

Name and Tel No of child's Doctor .....

Please give details of any regular medication needed, or of allergies, asthma etc. Is your child allergic to penicillin?

.....  
.....

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed ..... Date .....