

PARENTAL AND MEDICAL CONSENT FORM FOR AN EDUCATIONAL VISIT

(to be distributed with full details of the visit)

Please print clearly and use additional pages if required

Section 1: Visit Details		
School/Group:		
Visit to:		
Date of departure:	Date of return:	
Section 2: Participant Details		
First name:		
Surname:		
Address and postcode:		
Date of Birth:	Sex (as shown on birth certificate):	
Gender identity (if different from sex shown on birth certificate):		
Section 3: Details of parent, or person with parental responsibility, completing this form		
Full name:		
Relationship to participant:		
Home address and postcode (if different from the participants):		
Contact phone numbers		
Home:	Mobile:	Work:
Email address:		
Section 4: Alternative Emergency Contact Details		
Please provide details of any other person who can be contacted in an emergency if you might not be available		
Full name:		
Relationship to participant:		
Home address and postcode (if different to address above):		
Contact phone numbers		
Home:	Mobile:	Work:
Section 5: Return Home Arrangements		
I will attend to collect the participant Yes <input type="checkbox"/>		
Or the participant will be returning home by:		

Section 6: Medical, Health and Welfare Information

6.1) Name and address of participants registered doctor (GP's practice):

GP phone number:

6.2) Does the participant suffer from any conditions or have additional requirements which the visit leader needs to be aware of for example: medical conditions including any condition and previous injuries, that may restrict, or be aggravated by, physical activities; learning difficulties; emotional or mental health issues; illness; toileting issues; night-time tendencies (sleepwalking, bedwetting, nightmares); allergies; travel sickness etc?

Yes No

If yes, please provide details:

6.3) To the best of your knowledge, has the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious, including respiratory infections?

Yes No

If yes, please give details:

6.4) When did the participant last have a tetanus injection?

6.5) Does the participant have any special dietary requirements including any food allergies:

Yes No

If yes, please provide details:

6.6) For activities in or near water please describe the participant's swimming ability:

Is the participant water confident with regards to the proposed activity/programme?

Yes No

Section 7: Medication

7.1) Is the participant allergic to any medication

Yes No

If yes, please provide details:

7.2) Does the participant take any regular medication?

Yes No

If yes, please provide the following details:

Name of medication:

Dosage and when to be taken:

Method of administration:

Any side effects experienced:

7.3) Will the participant need to take the above medication during the visit?

Yes

No

I will deliver the medication which I have listed above to the Visit Leader before the visit, clearly labelled in its original packaging together with official instructions and information. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.

Please delete which of the following does not apply:

I give my consent for a member of staff to administer the medication listed above.

I give my consent for my child to self-administer the above medication, under the supervision of a member of staff.

7.4) If the participant has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication do you agree to the use of an emergency salbutamol inhaler if one is available?

Yes

No

N/A

Section 8: Treatment for Minor Ailments

I give my consent for a member of staff to administer the following common non-prescription products for minor ailments [**please delete any that you do not want administered**]. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication and will follow the products' instructions regarding dosage and children's ages.

- | | |
|-------------------------------------|--|
| 1. For colds causing congestion | Decongestant/throat Lozenge (e.g. Tunes) |
| 2. For headache/period pains | Paracetamol or Calpol |
| 3. For insect/plant bites or stings | Insect repellent; antihistamine cream |
| 4. For sore lips | Lip Salve or Vaseline |
| 5. For sun protection | Sunscreen |
| 6. For sun burn | After-sun |

If more than one dose of pain relief medication (such as paracetamol) is required, you will be contacted for further consent.

Section 9: Declaration

I have read and understood the information provided including the risks involved and the detail regarding supervision and the extent and limitations of the insurance provided. I declare that I have answered all the above questions to be best of my ability and have not knowingly withheld any information regarding physical fitness, emotional or mental health issues.

I consent to my child/child in my care (named in section 2) taking part in this visit.

I understand the transport arrangements for this visit (including, if applicable, involving travelling in other people’s or staff cars) and my child/child in my care understands the need to wear a seatbelt.

I will inform the Visit Leader/Head Teacher as soon as possible of any changes in medical or other circumstances between now and the start of the visit.

I acknowledge the need for my child/child in my care to behave responsibly.

I understand the possible consequences if my child/child in my care does not behave responsibly.

I agree to my child/child in my care 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.

Please detail here any activities which your child/child in your care cannot participate in:

Signature of parent, or person with parental responsibility, completing this form:

Name:

Signature:

Date: