

Educational visit information and consent form (please complete both sides and return to Business Support)

Personal details

Name: Form:.....

Date of birth Age Tick if aged 18 or over male / female

Address

..... Post code

Name of next of kin

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the visit or venture

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in category 1, 2 or 3 activity

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed

Please print name here

Address

.....

..... Post code

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and I **do not** consent to their involvement in water sports

Educational visit information and medical form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details:

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If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

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Signed: (Parent/Guardian) Date:

I understand and accept that it is my responsibility to update the school should there be any changes to the medical information about my child.