**Educational Visit Information and Consent Form**

 *PLEASE COMPLETE ALL SECTIONS ON THE FORM*

**Personal Details**

First name of participant ………………………………….. Surname ………………………………………...

Date of birth ………………………..……. Age …….... Year........... Tutor........................................

Address ………………………………………………………………………………………………………………

……………………………………………………………… Post Code ………………………………………

Name of next of kin ……………………………………… Relationship …………………………………….

Next of kin address during the activity (if different from above) ……………………………………………….

……………………………………………………………… Post Code ………………………………………

Contact: Home …………………………… Work …….………………………. Mobile ………………………..

E-mail address …………………………………………………………………...................................................



Name and address of participant’s doctor ………………………………………………………………………..

Telephone number ………………………………………… NHS number (if known) …………………………….

I confirm that my child is in good health and I agree to him/her participating in off-site activities/visits.

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



Signed ……………………………………………………………………. (Person with parental responsibility)

Please print name ………………………………………………………………………………………………….

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 mymy 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 |  |  |
|  | Is the participant entitled to free school meals? (A packed lunch is provided on an all day event) |  | Yes No  |

Educational Visit Information and Consent Form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis Yes 🞏 No 🞏

Allergies to any know medication Yes 🞏 No 🞏

Heart condition Yes 🞏 No 🞏

Any other allergies, e.g. 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: …………………………………………...

………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………….

If it is considered necessary, do you agree to mild painkillers (e.g. 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 medication):

………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.



Signed ……………………………………………………………………. (Person with parental responsibility)

Please print name here ……………………………………………………………………………………………..

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used

for educational purposes. Yes 🞏 No 🞏

I understand that if my child is easily identifiable (e.g. close facial shot) I will be informed first.

I consent to the images being used on the school website. Yes 🞏 No 🞏



Signed ……………………………………………………………………. (Person with parental responsibility)

Date ………………………………………………………………………..