

Individual visit consent and medical information

Offsite educational visit or adventurous activity	2018-2018 Academic Year
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Personal Details			
Full name of participant	Gender	Age	Date of birth
Home address			

Emergency contacts (Please provide at least 2 contacts, the first contact on the list should have Parental Responsibility)			
Name	Relationship	Telephone numbers	

Doctor's details		
Name (if known)	Name of Surgery and village/town	Telephone number

Medical and welfare information			
Please let us know if any of the following are relevant for the participant – please provide full details below			
Recent serious illness	Yes/No	Asthma	Yes/No
Recent serious injury or broken limb	Yes/No	Allergies or historical reaction to medication	Yes/No
Epilepsy, seizures, convulsions or absenting	Yes/No	Taking any medication	Yes/No
Heart condition	Yes/No	Full tetanus vaccination	Yes/No
Diabetes	Yes/No	Any other medical, behavioural or diet issues	Yes/No
Swimmer	Yes/No	Water confident	Yes/No

Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during visits or activities, or attach further documentation.

Please ensure that the participant has sufficient prescribed medication for the duration of the visit

Itinerary/programme	
<ul style="list-style-type: none"> I will consent to the participant taking part in offsite, educational visits. With the exception of some local visits, I will normally receive full information about the itinerary and programme; I understand that the programme may be changed by the Visit/Activity Leader in conjunction with any external provider due to weather or for other reasons The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform the Visit/Activity Leaders soon as possible of any changes before the start of the visit. 	Yes/No

Behaviour and conduct	
<ul style="list-style-type: none"> I understand that the participant must adhere to any code of conduct and behaviour set out by the Visit/Activity Leader, school, service or external provider 	Yes/No

Medical Information	
<ul style="list-style-type: none"> I understand that if the participant has an existing medical condition then their doctor should be fully informed of the nature of the visit or activity in order to give medical advice in participation. 	Yes/No

Medication	
<ul style="list-style-type: none"> I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed. 	Yes/No

Medical treatment (delete those you do not consent to)	
<ul style="list-style-type: none"> I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities 	Yes/No
<ul style="list-style-type: none"> I consent to the participant receiving Calpol Infant Suspension (120mg/5ml) 	Yes/No
<ul style="list-style-type: none"> I consent to the participant receiving Calpol Six Plus (250mg/5ml) 	Yes/No

Please list any treatment you do not consent to, so that medical authorities can be informed of your request when practical to do so.	

Further Information	
<ul style="list-style-type: none"> I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school. 	Yes/No

Medication	
<ul style="list-style-type: none"> I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed. 	Yes/No

Consent			
Name of person giving consent		Relationship to participant	
Signature		Date	
To be signed by a parent/cardigan/carer. Please return this form to the class teacher			

Parents and Carers agree to update school in a timely manner of any changes to the information held on this form. The school requires parents to check expiry dates on any medication provided. We recommend that these are checked regularly and are happy to help you do this on Open Evenings each term.