

CONSENT AND MEDICAL INFORMATION
FOR EDUCATIONAL OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES
RESIDENTIAL



Please complete this form and sign to confirm your consent. The personal and medical information requested is to ensure that the appropriate duty of care is delivered during the residential visit.

Details of the visit or activity

Title of visit or activity	
Location/venue	
Date(s) of visit or activity	
Nature of activities	
Venue/provider information	http://www.

Transport

- Meet at venue
 Foot
 Minibus/Coach
 Car/Taxi organised by the School
 Train
 Ferry
 Plane
 Other:

Details of participant

Surname	
Forename	
Date of birth	
Gender	
Address	
Postcode	
Mobile Tel:	

Emergency contact telephone details

Name	
Relationship	
Home Tel	
Work Tel	
Mobile Tel	
Address if different from participant whilst visit takes place. Alternative names, relationship and numbers	

Key Documentation (if appropriate)

EHIC No.	
EHIC Expiry Date	
Passport No.	
Passport Start Date	
Passport Expiry Date	

Dietary Information

Please indicate any food allergies or dietary requirements e.g. food allergy, vegetarian.

Doctor's Information

Doctor		Phone	
Address			

If the participant has a medical condition please discuss with your doctor and inform your Visit Leader before completing the form. This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medication is brought on the visit and that the Visit Leader is made aware of this by the time of the Parents' Information Evening at the latest.

Medical & Behavioural Information

Please answer Yes or No to each statement about the participant		Please delete
Has the participant had any serious illness within the last two months?		Yes/No
Is the participant recovering from an accident, injury or broken limb?		Yes/No
Does the participant have epilepsy, seizures, convulsions or absencing?		Yes/No
Does the participant have Diabetes?		Yes/No
Does the participant have Asthma?		Yes/No
Does the participant have a Heart condition?		Yes/No
Does the participant have any allergies, including historical reactions to medication?		Yes/No
Does the participant have any medical including historical, behavioural or other condition which may have an impact?		Yes/No
Is the participant taking any medication?		Yes/No
If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit please give details here or attach further information.		
Has the participant had a tetanus injection?	Yes/No/Unknown	Date if known
Do you consider the participant to be medically fit?	Yes/No	

Medical Treatment during the visit or activity

Participants sometimes need treatment for minor conditions such as headaches. If the participant regularly uses non-prescribed medication please consult your Visit Leader beforehand. I give consent for the Visit Leader to make available previously used non-prescribed medication to the participant.	Please delete Yes/No
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Swimming and Water Confidence

It may not necessary for participants to be able to swim on a visit or activity, but for some they may need to be water confident. Please indicate ability and confidence.	Ability & confidence of participant	Please delete
	Swimmer (at least 25m)	Yes/No
	Water confident	Yes/No

Consent

I consent to the participant attending this educational off-site visit or activity provided by Tadcaster Grammar School. I will receive full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader.

Tadcaster Grammar School uses still and video images both for teaching purposes and for the purpose of producing publicity information both in hard and on-line websites and social media. Collections of images may also be provided for groups at the end of visits as a memento. Such images will not be used for anything that may cause offence, embarrassment or distress to a participant and will not identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

The information I have provided in this form is accurate at signing and I agree to NYCC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit.

I agree to the participant receiving medication as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. **(Please delete and initial any of the above you do not wish to give consent to).**

Name of Parent		Signature	
Relationship to Participant		Date	