

Form 3: Parental Information & Medical Form

Establishment Name: Butchers Coppice

DETAILS OF PROPOSED ACTIVITY

Activity :
 The children will be staying in tents and will undertake a number of activities over the course of the day. These include crate stacking, climbing, archery and shelter building. The site is very secure for the children but will also give them a sense of freedom outdoors. Our evening meal will be sausage and chips from a local shop. Breakfast will be a selection of cereal, pastries and fruit. All dietary requirements will be catered for so if your child requires an alternative choice or has any food intolerances, please let the office know.

Any additional information:

ACKNOWLEDGEMENT OF RISK & EXPECTED CODE OF CONDUCT

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. If a participant is regarded as behaving unreasonably and putting their or the group's safety at risk, they may be sent home at your expense or excluded from future visits.

Details of planning and risk assessment are available on request.

CHILD OR YOUNG PERSON'S DETAILS

Full name:

Date of birth:

Home address:

MEDICAL / EMERGENCY CONTACT INFORMATION

In an emergency I can be contacted:	Email:	Mobile:
	Home Tel:	Work Tel:
If unavailable contact:	Email:	Mobile:
	Home Tel:	Work Tel:
Family doctor:	Name:	
	Surgery:	
Doctors Tel No:		

Young Person/Child's Medical Information

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your child safe.

Has the participant had any of the following?

Asthma or bronchitis	Yes	No
Heart condition	Yes	No
Fits, fainting or blackouts	Yes	No
Severe headaches	Yes	No
Diabetes	Yes	No
Allergies to any known medication	Yes	No
Other allergies e.g. plasters, food	Yes	No
Other illness of disability	Yes	No
Travel sickness	Yes	No
Regular Medication	Yes	No

If yes to any of these questions please give details

If it is considered necessary do you agree to mild pain killers e.g. paracetamol and antihistamine cream being administered	Yes	No
If it is considered necessary do you agree to a blood transfusion	Yes	No
Has the participant received a tetanus vaccination in the last 10 years	Yes	No
Is the participant receiving medical or surgical treatment currently	Yes	No
Has the participant been given specific medical advice to follow in an emergency	Yes	No

If the answer to the last 2 questions is yes – please give details here:

Other information

Please provide any other information that may affect the safety of your son/daughter or any other persons and/or the organisation and success of the event

MEDICAL/ CONSENT DECLARATION

I, being the parent / guardian of the child/young person named at the head of this form, have received full details of the event.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

I understand the expected behaviour required during the visit and will talk to my child about it. I understand the possible consequences should my child breach the required conduct.

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.

Print Name:

Relationship to child/young person:

Signature & Date:

DATA PROTECTION

The Bournemouth Borough Council and Borough of Poole School is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent. When you sign or complete this form you are providing your consent to the School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

