**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM FOR**

**EDUCATIONAL VISITS AND ADVENTUROUS ACTIVITIES**

**(This form is to be completed in full by the parent/carer and returned to the school)**

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| **Pupils Name:** |  | **Date of Birth** |  |
| **EMERGENCY DETAILS** |
| I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. |
| I may be contacted by telephoning the following number(s): |
| Home |  | Work |  | Mobile |  |
| **Parents/Carers name** |  |
| Address |  |
| Email address |  |
| Please state an alternative contact point |
| Name |  |
| Address |  |
| Email address |  |
| Telephone nos | Home/Work |  | Mobile |  |
| Family doctor |
| Name |  |
| Address |  |
| Tel number |  |
| **MEDICAL INFORMATION** |
| **Does your child suffer from any of the following conditions?**(Cross out which does not apply)Asthma yes/no Bronchitis yes/noChest Problems yes/no Diabetes yes/noEpilepsy yes/no Fainting yes/noHeart Trouble yes/no Migraine yes/noRaised Blood Pressure yes/no Tuberculosis yes/no |
| If YES to any of the above, please provide details: |
| **Does your child suffer from any other condition requiring medical treatment, including****medication?** Yes/No  |
| **Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?**Yes/No  |

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| **If YES to either question**, please provide details: |
| **Has your child been immunised against the following diseases?**Poliomyelitis Yes/No Tentanus (lock jaw) Yes/No |
| If YES to tetanus, please give details if known |
| **Is your child taking any form of medication on a regular basis?** Yes/NoIf YES, please give full details, indicating the type of medication and dosage. **Please ensure that your child has adequate supplies of medication and dosage.** |
| **To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious.** Yes/No |
| If YES, please give full details: |
| **INSURANCE COVER** |
| I understand that the visit is insured in respect of legal liabilities (third party liability) but that mychild has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Organisation |
| **DECLARATION BY PARENT/CARER** |
| * I consent to my child taking part in the visit, and I declare my child to be in good health and physically able to participate in all the activities mentioned.
* I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place, unless they travel on Local Authority organised transport.
* I am aware of the levels of insurance cover.
* I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child’s participation in the visit will be notified to the School/Organisation prior to the visit.
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**I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/ORGANISATION.**

**Signature of Parent/Carer**…………………………………………………. Date …………………………………..

**(N.B. Parental/Carer consent required for children aged 17 and under)**