

Educational visit information and consent form (please complete both sides)



Name of Establishment:-
RED BARN COMMUNITY PRIMARY SCHOOL, PORTCHESTER

Personal Details

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

Date of birth..... Age..... Tick if aged 18 or over Male/Female

Address..... Post Code

Name of next of kin..... Relationship to child

Contact no: Home..... Work..... Mobile.....

Name and address of participant's doctor

Telephone no..... NHS no (if known).....

Consent for visits or ventures

I confirm that I have parental responsibility for.....
He/She is currently in good health and I consider him/her able to take part in the forthcoming activities over the academic year (which includes local walks off school grounds)

Cookery and Tasting

I give permission for my child to taste the foods in science and design technology activities.

Foods not allowed.....

Animals

Occasionally animals are brought in to give children a real-life experience. Does your child have any allergies we need to be aware of?

Where water sports are part of the intended programme, please tick one of the boxes below to confirm the water capability of your child are appropriate:

- My child is water competent (I confirm my child can swim 50 metres in a pool or sea)
- My child is water comfortable (I can 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

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Other allergies, eg material/food/plasters	Yes	No
Fits/Fainting/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:

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 medicines/tablets)

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

Signed..... Print Name..... Date

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..... (for participants under 18 years of age)
Person with parental responsibility

Please print name here.....

Signed..... (for participants aged 18 years or over)

Date.....
Participant

