



Educational Visit Information and Medical Form (please complete both sides)

Name of the Establishment:.....

Personal Details:

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

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

Address.....

.....Postcode.....

Name of next of kin.....

Next of kin address during the activity (if different from above).....

.....

Postcode.....

Contact No: Home..... Work.....Mobile.....

Name and address of participant's doctor.....

.....

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

Consent for the Visit or Venture:

The visit or venture to..... Date of visit.....

I confirm that I have parental responsibility for.....

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated..... I acknowledge receipt of a copy of the insurance synopsis. I consent to him/her taking part in the programme detailed in your letter.

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

Signed.....

Please print name here.....

Address.....

.....

Postcode.....

Any additional information required:



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Has the participant had any of the following?

Asthma or bronchitis	YES/NO	Allergies to any known medication	YES/NO
Heart condition	YES/NO	Any other allergies, eg food, plasters, material	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:.....
.....
.....

- If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered? YES/NO
- 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 or doctor? 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 any illness or medical treatment occurring after the return of this form and prior to the activities, I undertake to inform the group leader.

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

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

Please print name here:.....Date:.....

Consent for taking images:

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations or displays or in our own booklets, newsletters or publicity.

In the event of any pictures of *my child/me* being taken, I consent to them being used for educational purposes. YES/NO

I understand that if *my child is/I am* easily identifiable (eg a close facial shot) I will be informed first. YES/NO

I consent to the images being used on the website. YES/NO

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

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

Please print name here:.....Date:.....