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

Name of establishment .....

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 .....

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

..... Post code .....

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

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

Telephone no ..... 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 .....

..... Post code .....

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

Hampshire County Council

SOUTHAMPTON CITY COUNCIL®

West Berkshire COUNCIL

Portsmouth CITY COUNCIL

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

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 material, food, plasters	Yes	No
Fits, fainting or 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

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? 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 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):

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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 aged18 years or over)
Participant

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, displays or in our own booklets, newsletters or publicity.

In the event of any images 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.

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

Date .....