Medical and Consent Form

Venue:
Activity:
Date:

Personal Details of Participant

First Name: _____ Surname: _____ Mobile (if applicable)_____

Date of Birth: ___ /___ /___ Age: _____ Male / Female (delete as appropriate)

Address:_____

_____ Post Code: _____

Emergency contact must be contactable for the duration of the visit/activities.

Emergency Contact – 1) Name: _____ Number: _____

Emergency Contact – 2) Name: _____ Number:_____

Any special dietary requirements? _____

Medical Information

Name and address of participant's Doctor: _____

Telephone Number: _____ NHS Number (if known): _____

Has the participant had or have any of the following? ***Where 'YES', please give specific details overleaf.***

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care needs	Yes	No

Is the participant receiving -

Support and/or treatment for mental health from their counsellor or Doctor?	Yes	No
Medical or surgical treatment of any kind from their Doctor or hospital?	Yes	No
Has the participant been given specific medical advice to follow in emergencies?	Yes	No

If you answer Yes to any of the above questions, please give details overleaf (including: name and dosage of any medicines)

If considered necessary, do you consent to mild painkillers (Paracetamol) being administered?	Yes	No
If considered necessary, do you consent to hypo-allergenic sun screen being provided?	Yes	No
If considered necessary, do you consent to an emergency Salbutamol inhaler being administered?	Yes	No
If considered necessary, do you consent to antihistamine (chlorphenamine maleate) being administered?	Yes	No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Consent for the Visit

I confirm that I have parental responsibility for _____

He/she is in good health and I consent to him/her taking part in ALL activities set out in the visit information.
(Any variation to this should be noted overleaf).

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.
In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

Sign here_____ **Print name here: _____**

Signed by person with parental responsibility for participants under 18 years of age.

Sign here_____ **Print name here: _____**

Signed by participant if aged 18yrs and over. **Date:_____**

PLEASE TURN OVER AND COMPLETE

Medical and Consent Form

Venue:
Activity:
Date:

Consent for programmed water sports and water related activities
(eg: kayak, canoe, sail, windsurf, rafting, etc.; or activities involving water eg: caving, gorge walking)

Please tick **ONE** of the boxes below as appropriate to confirm the water capability of your child.

Ticking A, B, C or D below **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Provider by the school / college / establishment to allow appropriate adjustments or operating procedures for inclusive participation[1].

If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space below.

☐ A) I confirm my child can swim 50m and is water confident

☐ B) I confirm my child can swim 25m and is water confident

☐ C) I confirm my child is water confident and can swim, but I'm not sure how far. They have been in a pool or other water and can submerge their head without becoming distressed

☐ D) I confirm my child is a non swimmer, and/or may not be confident in the water.

[1] As set out in HCC Registration information to providers.

Additional Consent, Medical or Special Needs Information (Add additional sheets if required)

_____
_____
_____
_____
_____
_____
_____

Signature: _____ Date:_____

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.

This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.

This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.

Please see our website Data Protection page for further details: www.hants.gov.uk/dataprotection