**Consent Form**

**(To be distributed with full details of the visit)**

1. **Consent for participation in the visit – must be completed by a person with parental responsibility for the student**

|  |  |
| --- | --- |
| Visit Leader’s name |  |
| Visit to: |  |
| Date(s)/Times: | From: |  | To: |  |

**I agree to (insert name)** taking part in the above-mentioned visit and, having read the information provided, agree to their participation in any or all of the activities\* described. I acknowledge the need for obedience and responsible behaviour on their part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for participants to be transported in staff vehicles.

\*If there are any activities in which your child cannot participate, please give details:

If water activities are involved, is your child confident in water? **YES/NO/NOT APPLICABLE**

Can your child swim a minimum of 50m unaided? **YES/NO/NOT APPLICABLE**

**2. Medical information, declarations and consent**

|  |  |
| --- | --- |
| a) Child’s date of birth: |  |

b) Does your child suffer from any conditions of which the Visit Leader should be aware: **YES/NO**

If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting), previous instances of self-harm, mental illness etc. or any safeguarding concerns.

1. Details of any medication

|  |  |  |  |
| --- | --- | --- | --- |
| Name of medication | Dosage | Times of day or circumstances to be given | Method of administration |
|  |  |  |  |

Any special precautions, side effects of medication etc:

**I give my consent \*\*** for a member of staff to administer the above medication which I will deliver to the visit leader before the visit. I understand staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

 **I give my consent \*\*** for my child to self-administer the above drugs.

**\*\* delete if not applicable**

d) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? : **YES/NO**

If **YES**, please give brief details.

e) Is your child allergic to any medication: **YES/NO**

If **YES**, please specify.

*f)* When did your child last receive a tetanus injection?

g) Please outline any special dietary requirements of your child:

h) **I undertake** to inform the visit leader as soon as possible of any change in the medical or other circumstances described above between now and the commencement of the journey.

1. **I agree** to my child receiving emergency medical treatment, including anaesthetic and blood transfusion,

as considered necessary by the medical authorities present.

3. Contact numbers

 Please provide details for two emergency contacts

a) I may be contacted by telephoning the following numbers:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Work: |  | Home:  |  | Mobile: |  |
| My home address is: |  |

b) If I am not available, please contact:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone numbers:  |  |
| Address: |  |

1. Any other relevant information (Please provide NHS number if known and/or home postcode so that medical

 records can be found quickly on hospital systems if this became necessary**).**

**5. Signature**

Date: Signed:

Full name (capitals):

These details should be available to the emergency contact for the visit. A copy of this form should be taken by leader on the visit