

Personal information and Parental Consent Form – Level 3 Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to : Mrs Jennie Müller (Visit Leader)

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: South Green Park

Day & date of activity: Monday 22nd July 2019

List of activities to be undertaken:

- Climbing Wall
- Segway riding

Method of travel: n/a

To be completed by Parent/Guardian (please use block capitals)

Young person's full name: _____ Date of birth: ____/____/____

Home address: _____

Post code: _____

Main telephone no: _____

Name of parent(s)/guardian(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) _____

Tel. no. _____

(ii) _____

Tel. no. _____

Doctor's name: _____

Doctor's Tel. no: _____ National Health No. (if known): _____

Date of last known tetanus injection (if known): _____

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, mental health problems etc.

I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____
Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

In event of an asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signature of Parent / Guardian: _____
(if participant is under 18)

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

Copies to be carried securely by the Visit Leader &/or Group supervisor.

The data on this form will be kept in line with our data protection policy.