



Health Information and Consent Form

Period of visits and activities: September 2016 - July 2017

I wish my son/daughter

Name.....

to be allowed to take part in organised school visits. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed and that seat belts must be worn when travelling in all vehicles.

Please complete the following as appropriate:

Child's Year Group:	Child's Tutor Group:
Child's Date of Birth:	Sex: Male / Female
Name of child's Doctor:	
Doctor's address:	
Doctor's Telephone number:	

Parent/Carer's Name:	
Home Address:	Home telephone number:
E-mail:	Mobile number/s:
Work Address:	Work telephone number:
E-mail:	Work mobile number:

If not available at the above, please state an alternative contact:

Name:	Telephone number/s:
Relationship to child:	
Name:	T elephone number/s:
Relationship to child:	

**CONFIDENTIAL
INFORMATION FROM PARENTS/CARERS**

It is appreciated that some parents/carers and participants may feel reticent at some of the information requested by this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety is not compromised due to personally known factors not being communicated to activity organisers and providers. No embarrassment is intended by any of the questions asked. Confidential help or advice may be obtained from the School Health Nurse or other medical practitioner.

1. Health details

- a. Does your son/daughter suffer from any condition requiring medical treatment or special arrangements? Include any conditions such as asthma, travel sickness, anxiety etc. and any treatment required:

- b. Is your son/daughter allergic to any medication (e.g. Penicillin), Stings, Dressings, Food Ingredients or the like? If so please give full details:

- c. Please give details of any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware:

- d. Please give details of any special treatment required, for example medicines, the dose(s), the frequency of dose/use etc:

- e. Has your son/daughter received a Tetanus injection within the past ten years? If so, please state when:

2. Dietary details

Does your son/daughter have any special dietary requirements? If so, please specify what these are:

3. Other details

Please indicate your son's/daughter's swimming distance ability by ticking appropriate distance.
(Normally, the minimum requirement for participation in water-based activities is to display water confidence and to be able to swim 25 metres unaided.)

Non-swimmer

Can swim 25 metres unaided

Greater distance - Please state:

Is there any other relevant information of which the group leader, activity provider or Centre should be aware or given advice on for example vertigo, claustrophobia, agoraphobia, colour blindness, panic attacks etc.?

- I declare that the above information is correct and I consent to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise during the course of the visit/trip.
- I agree to inform the school of any change in my child's medical or other conditions/needs, or other relevant information.

Signed:Parent/Carer

Name (please print):

Date:.....