



Appendix 6 Consent and Medical Information

FOR EDUCATIONAL OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES

INFORMATION FOR PARENTS/GUARDIANS

Please complete the questions below and sign the consent. The personal and medical information requested is to ensure that a proper duty of care is possible during off-site visits.

Details of the visit or activity

Title of visit or activity	VISITS TO LOCAL UNIVERSITIES	
Location/venue	As above	
Date(s) of visit or activity	To be confirmed in a separate letter	✓ This is a rolling programme of several visits
Nature of activities	To be confirmed in a separate letter	
Venue/provider information	To be confirmed in a separate letter	

Transport

- Meet at venue Foot Minibus/Coach Car/Taxi organised by the establishment
 Train Ferry Plane Other:

Details of participant

Surname	
Forename	
Date of birth	
Gender	
Address	
Postcode	
Mobile Tel:	

Emergency contact telephone details

Name	
Relationship	
Home Tel	
Work Tel	
Mobile Tel	
Address if different from participant whilst visit takes place. Alternative names, relationship and numbers	

Doctor's Information

Doctor's Surgery		Phone	
Address			

If the participant has a medical condition please discuss with your doctor and inform your Visit Leader before completing the form. This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medication is brought on the visit and that the Visit Leader is made aware of this in good time.

Medical & Behavioural Information

Please answer Yes or No to each statement about the participant	Please tick	
Has the participant had any serious illness within the last two months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant recovering from an accident, injury or broken limb?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the participant have epilepsy, seizures, convulsions or absencing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any allergies, including historical reactions to medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any medical including historical, behavioural or other condition which may have an impact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the participant taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit please give details here or attach further information.

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Has the participant had a tetanus injection?	Yes/No/Unknown	Date if known	

Do you consider the participant to be medically fit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical Treatment during the visit or activity

Participants sometimes need treatment for minor conditions such as headaches. If the participant regularly uses non-prescribed medication please consult your Visit Leader beforehand.	Please tick
I give consent for the Visit Leader to make available previously used non-prescribed medication to the participant. I understand that I will be consulted by telephone before this takes place and that a record of dosage will be kept.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Swimming and Water Confidence

It may not necessary for participants to be able to swim on a visit or activity, but for some they may need to be water confident. Please indicate ability and confidence.	Ability & confidence of participant	Please tick
	Swimmer (at least 25m)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Water confident	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dietary Information

Please indicate any food allergies or dietary requirements e.g. food allergy, vegetarian.

Consent

I consent to the participant attending this educational off-site visit or activity provided by North Yorkshire County Council. I have received full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader

The information I have provided in this form is accurate at signing and I agree to NYCC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit.

I agree to the participant receiving medication as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. **(Please delete and initial any of the above you do not wish to give consent to).**

Name of Parent/Guardian/Carer (Unless the participant is over 16yrs and living independently)		Signature	
Relationship to Participant		Date	

Consent to use images or photographs

Photographs and video images are often taken on school trips. We use still and video images both for teaching purposes and for the purpose of producing publicity information both in hard copy and on-line on websites and social media. Collections of images may also be provided for groups at the end of visits as a memento.

Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to a participant and will **NOT** identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

I give consent for North Yorkshire County Council to take, store, and use images of the participant for the purposes described below.	Please tick
Images being used for memento purposes for all participants, being distributed on DVD, CD or through secure electronic systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Images of the participant being used in publicity materials including on-line websites and social media.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Parent/Guardian/Carer		Signature	
Relationship to Participant		Date	

This form must be signed by the parent/guardian/carer (unless the participant is over 16yrs and living independently, in which case they should sign it) and returned to the Visit Leader.