



Individual visit consent and medical information

Offsite educational visit or adventurous activity

Visit/activity title			
Group		Date(s)	

Personal details

Full name of Participant	Gender	Age	Date of birth
Home address			

Emergency contacts (Please provide at least 2 contacts)

Name	Relationship	Telephone numbers	

Doctor's details

Name (if known)	Practice and village/town	Telephone number

Medical and welfare information

Please let us know if any of the following are relevant for the participant – **please provide full details below**

Recent serious illness	Yes/No	Asthma	Yes/No
Recent serious injury or broken limb	Yes/No	Allergies or historical reaction to medication	Yes/No
Epilepsy, seizures, convulsions or absenting	Yes/No	Taking any medication	Yes/No
Heart condition	Yes/No	Full tetanus vaccination	Yes/No
Diabetes	Yes/No	Any other medical, behavioural or diet issues	Yes/No
Swimmer	Yes/No	Water confident?	Yes/No

Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during this visit or activity or attach further documentation.

Please ensure that the participant has sufficient prescribed medication for the duration of the visit Itinerary/programme

<input type="checkbox"/> I consent to the participant taking part in this offsite, educational visit or adventurous activity. <input type="checkbox"/> I have received full information about the itinerary and programme; I understand its nature and agree to the participant engaging in all the activities described which may include activities in or near water. <input type="checkbox"/> I understand that the programme may be changed by the Visit/Activity Leader in conjunction with any external provider due to weather or for other reasons. <input type="checkbox"/> The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform the Visit/Activity Leader as soon as possible of any changes before the start of the visit.	Yes/No
---	---------------

Behaviour and conduct	
<input type="checkbox"/> I understand that the participant must adhere to any code of conduct and behaviour set out by the Visit/Activity Leader, school, service or external provider.	Yes/No

Medical information	
<input type="checkbox"/> I understand that if the participant has an existing medical condition then their doctor should be fully informed of the nature of the visit or activity in order to give medical advice on participation.	Yes/No

Medication	
<input type="checkbox"/> I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed.	Yes/No

Medical treatment (delete those you do not consent to)	
<input type="checkbox"/> I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities.	Yes/No

Please list any treatment you do not consent to so that medical authorities can be informed	

Photographs and video recordings	
<input type="checkbox"/> I consent to photographs and video recordings of the participant to be used by schools and services for teaching and coaching purposes and for use in marketing and publicity in line with relevant policies.	Yes/No

Further information	
<input type="checkbox"/> I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service.	Yes/No

Consent	

Name of person giving consent		Relationship to participant	
Signature		Date	
To be signed by a parent/guardian/carer unless the participant is aged 16 years or older and is living independently, in which case they should sign it.			
Please return this form to the person in the school or service who is organising this visit or activity.			