

**Offsite Visits – Personal and Medical  
Information and Consent Form (C3)**

8782193 – Year 10 Geography Visit - MLL

**INFORMATION FOR PARENTS/GUARDIANS/CARERS**

Please complete the questions below and sign the consent. The personal and medical information requested is vital to ensure that appropriate care and support is available for each child. Please consult your family doctor if you are unsure about the suitability of a visit. Medical conditions will not necessarily exclude any child from participating in activities, but leaders should be made aware of anything that might affect the safety/welfare of this child or others in the group.

**PERSONAL DETAILS**

STUDENT		PARENT/GUARDIAN/CARER INFORMATION		
Surname		Name		Form:
First Name		Address		
Address				
Postcode		Postcode		
		Telephone Numbers		
Date of Birth		Day	Evening	Mobile
Doctor		Additional Emergency Contact *Required		
Surgery Address		Name		
		Relationship		
		Address		
Telephone No		Telephone		

**DIETARY INFORMATION**

If this child has any specific dietary needs (e.g. vegetarian), please give details here:

**MEDICAL or SPECIAL NEEDS**

**Please provide all relevant information which will enable Leaders to safely care for this child (please circle answers):**

Does this child have any significant allergies (including to medication)?	Yes	No
Does this child have any medical conditions, impairments, or disabilities?	Yes	No
Has this child had any recent significant illnesses or injuries?	Yes	No
If a residential visit, does this child have any night-time tendencies (e.g. sleepwalking, nightmares, bed-wetting) which might cause him/her concern?	Yes	No

**If the answer is “yes” to any of these questions, please give full details below (use an additional sheet if necessary):**

**PERSONAL MEDICATION**

It is important that this child is accompanied by any medication necessary, and that leaders are fully informed. Please make sure that there is sufficient medication, and that it is clearly labelled.

Name of Medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration

Please state any special precautions, side effects of medication (if applicable):		
<b>I give my consent</b> for a member of staff to administer the above medication which I will deliver to the Overall Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.	<b>Yes</b>	<b>No</b>
<b>I give my consent</b> for this child to self-administer the above medication.	<b>Yes</b>	<b>No</b>
To the best of your knowledge, has this 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? (please circle answer)	<b>Yes</b>	<b>No</b>
<b>If YES, please give brief details:</b>		
Does this child have up-to-date protection against tetanus (normally an injection within the past 10 years)?	<b>Yes</b>	<b>No</b>
<b>MINOR MEDICAL TREATMENT DURING VISITS</b>		
Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & colds, insect bites, etc. If necessary, with your permission, staff will treat these ailments with the following "off the shelf" products which are commonly available from most chemists: Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, witch hazel, insect bite antihistamine, sunscreen.		
Please state clearly below if you do not wish this child to be given any of the products mentioned above (or if other alternatives are acceptable or preferred instead):		
Are you willing for this child to be given these products, if required? (circle answer)	<b>Yes</b>	<b>No</b>
<b>MAJOR MEDICAL TREATMENT DURING VISITS</b>		
Do you <b>agree</b> to this child receiving emergency medical or dental treatment if it is considered necessary by the medical authorities present, and if it has not been possible to contact you beforehand? In such extreme and unlikely circumstances, the Overall Group Leader would be authorised on your behalf to give consent to any emergency treatment. (please circle answer)	<b>Yes</b>	<b>No</b>
If this is not acceptable, please state clearly your preferred alternative:		
<b>SWIMMING DURING VISITS</b>		
On some visits students have the opportunity to go swimming in sports centre facilities or in hotel pools or other private facilities. All such swimming sessions are overseen by facility lifeguards or competent school staff. Where students have the opportunity to go swimming on a visit you will be informed of this before departure. Please circle the following boxes as appropriate:		
<b>I give my consent</b> for this child to participate in swimming activities on this visit.	<b>Yes</b>	<b>No</b>
<b>I confirm that my child has basic swimming competency</b> (can swim 50 metres without assistance, can tread water for one minute).	<b>Yes</b>	<b>No</b>
<b>PARENT/CARER/GUARDIAN DECLARATIONS and CONSENT</b>		
<ul style="list-style-type: none"> <li><b>I am legally responsible for the care of the child mentioned above.</b></li> <li><b>I have listed all relevant medical or other conditions</b> concerning this child that might affect the duty of care expected during an educational visit.</li> <li><b>I undertake</b> to inform the Overall Group Leader/Headteacher (in writing) of any changes in the medical or other circumstances of this child before the date of departure.</li> </ul>		
Signed:	Name:	
Date:	Relationship: Parent/Carer/Guardian (delete)	
Signed:	Name:	
Date:	Relationship: Parent/Carer/Guardian (delete)	