



**1. Consent for participation in the visit**

Visit Leaders name \_\_\_\_\_

Visit to: \_\_\_\_\_

Date(s)/Times: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**I agree to my son/daughter** \_\_\_\_\_ **(name)** taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities\* described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand that there is some level of risk in every activity but that this visit will be managed to minimise the risks involved. I understand the extent and limitations of the insurance cover provided. I understand that as part of the planned transport arrangements, or in emergency, it may be necessary for participants to be transported in staff vehicles.

\* If there are any activities in which your child cannot participate, please give details:

**I give permission** for my son/daughter's name to be included in the collective passport to be held by the group leader  
**YES/NO/NOT APPLICABLE**

If water activities are involved, is your child confident in water? **YES/NO/NOTAPPLICABLE**

**2. Medical information, declarations and consent**

a) Son/daughter's date of birth : \_\_\_\_\_

b) Does your son/daughter suffer from any conditions of which the Visit Leader should be aware: **YES/NO**  
If YES, please give details of anything the leader needs to know about to safety care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc.

c) Details of any medication

Name of medication	Dosage	Times of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc:

**I give my consent** \*\* for a member of staff to administer the above medication which I will deliver to the visit leader before the visit. I understand staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

**I give my consent** \*\* for son/daughter to self-administer the above drugs.

\*\* delete if not applicable

- d) To the best of your knowledge, has your son/daughter 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? :  
**YES/NO**  
 If **YES**, please give brief details.
- e) Is your son/daughter allergic to any medication: **YES/NO**  
 If **YES**, please specify.
- f) When did your son/daughter last receive a tetanus injection?
- g) Please outline any special dietary requirements of your child:
- h) **I undertake** to inform the visit leader as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.
- i) **I agree** to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

### 3. Contact numbers

- a) *I may be contacted by telephoning the following numbers:*  
 Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 My home address is: \_\_\_\_\_  
 \_\_\_\_\_
- b) If I am not available, please contact:  
 Name: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_
- c) Name, address and telephone number of family doctor: \_\_\_\_\_  
 \_\_\_\_\_

4. **Any other relevant information** (Please provide NHS number if known and/or home postcode so that medical records can be found quickly on hospital systems if this became necessary).

### 5. Signature

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Full name (capitals): \_\_\_\_\_

These details should be available to the emergency contact for the visit.  
 A copy of this form should be taken by leader on the visit