

**Medical and Consent Form**

**Name of Establishment:** Hordle CE (VA) Primary School

**Activity:** Minstead Residential - September 2018

**Venue:** Minstead Study Centre **Date:** September 2018

**Personal Details of Participant**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mobile(if applicable) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male / Female (delete as appropriate)

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Next of Kin – name and address during the activity (if different from above) \_\_\_\_\_

Contact Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

**Medical Information**

Name and address of participant's Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ NHS Number (if known): \_\_\_\_\_

**Has the participant had or have any of the following? *Where 'YES', please give specific details overleaf.***

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

**Is the participant receiving -**

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

***If the answer to any of these questions is Yes, please give details overleaf (including name and dosage of any medicines/tablets)***

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

**Consent for the Visit**

I confirm that I have parental responsibility for \_\_\_\_\_

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information.

***(Any variation to this should be noted overleaf).***

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

\_\_\_\_\_ Print name here: \_\_\_\_\_

**Signed by person with parental responsibility for participants under 18 years of age.**



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Consent for programmed water sports and water related activities

(eg: kayak, canoe, sail, windsurf, rafting, etc.; or activities involving water eg: caving, gorge walking)

Please tick ONE of the boxes below as appropriate to confirm the water capability of your child.

Ticking A, B, C or D below confirms your consent to your child undertaking water activities within the programme provided. This information will be passed to the Provider by the school / college / establishment to allow appropriate adjustments or operating procedures for inclusive participation.

If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space below.

A) I confirm my child can swim 50m and is water confident

C) I confirm my child is water confident and can swim, but I'm not sure how far. They have been in a pool or other water and can submerge their head without becoming distressed

B) I confirm my child can swim 25m and is water confident

D) I confirm my child is a non swimmer, and/or may not be confident in the water.

1 As set out in HCC Registration information to providers.

Additional Consent, Medical or Special Needs Information

(Add additional sheets if required)

Multiple horizontal lines for providing additional consent or medical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMAGE CONSENT – MINSTEAD

Four checkboxes with corresponding text: I give permission for my child to be photographed during the MINSTEAD residential on the school camera and/or school smart phone. I DO NOT give permission for my child to be photographed during the MINSTEAD residential on the school camera and/or school smart phone. I give permission for images of my child to be uploaded to the Hordle Minstead Twitter page. I DO NOT give permission for images of my child to be uploaded to the Hordle Minstead Twitter page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_