



Medical and Consent Form

Name of Establishment: Anstey Junior School

Activity: Year 6 Residential Trip

Venue: East Dene, Isle of Wight Date: 4th - 8th June 2018

Personal Details of Participant

First Name: _____ Surname: _____
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.

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma or bronchitis, Heart condition, Fits, fainting or blackouts, Severe headaches, Diabetes, Allergies to any know medication, Other allergies (material, food, animal, plasters), Other illness, disability or special needs, Travel sickness or sleepwalking, Regular medication.

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 consider him/her to be capable of taking part in the activities set out in the visit information and I am aware of the insurance synopsis 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 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.

Print name here: _____

Signed by participant if aged 18yrs and over. Date: _____

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Consent for water sports

Where water sports are part of the intended programme, please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and **I do not** consent to their involvement in water sports

Any Additional Medical or Special Needs Information

Signature: _____ Date: _____

Image Consent - Note to visit leaders

Schools should already have Image Consent in place as part of their enrolment procedures. All other HCC groups - Photography, video and multimedia consent can be obtained by the use of an additional form found on this webpage-

<http://intranet.hants.gov.uk/corporatecommunications/brand/cc-imagesofpeople/cc-images-consentforms.htm>

Consent must be obtained if you intend to use images of identifiable young people and adults.

There are several different forms - please make sure you choose the correct form for your group –

HCC school groups or HCC non-school groups. Non HCC groups may also use these form, but should consult their own policies relating to such consent