



Harrow Way Community School

Educational Visit Information and Consent Form for Adventurous or Residential Off-site Activities

Please complete both sides

Participant's personal details

First name _____ Surname _____

Date of birth _____ Age _____ Tutor Group _____

Address _____

_____ Post Code _____

Name of next of kin _____

Next of kin address during the activity (if different from above) _____

_____ Post Code _____

Contact telephone numbers: 1: _____

2: _____ 3: _____

Name and address of participant's doctor _____

Telephone no _____ NHS number (if known) _____

Consent for the visit or venture

The visit or venture to: Tignes, France (Skiing) **Date of visit:** 28.01.12 > 04.02.12

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 your letter. I consent to him/her taking part in the programme detailed in your letter. A copy of the insurance synopsis is available upon request.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed _____ (for participants under 18 years of age)
Person with parental responsibility

Please print name _____

Date _____

[Please turn over to complete both sides of this form.]

Educational Visit Information and Medical Form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details: _____

If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered Yes No

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

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

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

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets)

Any additional information:

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Consent for taking images

During our visit or venture, we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes. Yes No

I consent to the images being used on the website. Yes No

Signed _____ (for participants under 18 years of age)
Person with parental responsibility

Please print name _____

Date _____