



Harrow Way Community School, Information and Medical Form for Adventurous/Residential/Overseas Educational visits

(please complete both sides)

Personal details

First name of participant Surname

Date of birth Age at departure date Tutor Group

Address

..... Post code

Name of next of kin

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

..... Post code

Contact no: Home Work Mobile

Name and address of participant's doctor

Telephone no NHS no (if known)

Consent for the visit or venture

The visit or venture to **Les Menuires, France – Ski Trip 2015** Date of visit **31/01/15 to 7/02/15**

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 understand that a copy of the insurance synopsis is available on request. I consent to him/her taking part in the programme detailed in your letter.

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

Signed (person with parental responsibility)

Please print name here

Address

..... Post code

Where water sports are part of the intended programme (**swimming could be included in the evening entertainments**), 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

PLEASE TURN OVER TO COMPLETE BOTH SIDES

Harrow Way Educational Visit Form for Adventurous/Residential/Overseas Visits

(please complete both sides)

Has the participant had any of the following?

Asthma	Yes	No	Epilepsy	Yes	No
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, medical condition 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

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

Has 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):

.....

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.

Signed *Person with parental responsibility*

Date

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/me being taken, I consent to them being used for educational purposes. Yes No

I understand that if my child is easily identifiable (eg a close facial shot) I will be informed before the image is used.

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

Signed *Person with parental responsibility*

Please print name here

Date