

**Educational visit information and consent form** (please complete both sides)

Name of establishment                    **DROXFORD JUNIOR SCHOOL**

**Personal details**

First name of participant ..... Surname .....

Date of birth ..... Age ..... Tick if aged 18 or over  male / female

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: **camp on DJS school grounds**                    Date of visit : **24<sup>th</sup> & 25<sup>th</sup> June 2021**

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 dated **10<sup>th</sup> May 2021**. I acknowledge receipt of a copy of the insurance synopsis. 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 .....

Please print name here .....

Address .....  
..... Post code .....

**Any additional information required**



Child's Name.....

**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

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 ..... (for participants under 18 years of age)  
*Person with parental responsibility*

Please print name here .....

Signed ..... (for participants aged 18 years or over)  
*Participant*

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/I am easily identifiable (eg a close facial shot) I will be informed first.

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

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

Signed ..... (for participants aged 18 years or over)  
*Participant*

Date .....

