

Please ensure that this form is complete and contains all of the relevant information about the young person. Staff rely on this form for information, especially when they are running an educational visit outside of school hours (no office support). **If there are any changes to the details contained within this form**, contact the main school office.

Name of child:

Tutor Group:

Date of Birth:

Main Contact Details

Young person's home address:

Name of parent/legal guardian:

Home telephone no:

Mobile no:

Contact email address:

Personal Information

Does the young person have a care plan? Yes/No (delete as appropriate)

Does the young person have medical conditions requiring medical treatment?

Please give details in the box below about any medical conditions, including type of medicine, and size and frequency of dosage. All medicines must be clearly labelled with your child's name and clear instructions of use. Please note that they cannot be administered if not listed on this form and medicine must be handed in to the appropriate member of staff.

*If your child has a Care Plan or Risk Assessment **this must** be taken on any visit along with medication and inhalers. Additional items such as sugary drinks and glucose supplements should be provided by parents and should be taken on visits, if they are part of the care plan recommendations*

Does the young person have any allergies to medication?

Please give details of any MEDICINE to which they have an allergy (e.g. penicillin)

Allergies/special dietary needs:

Please indicate any specific FOODSTUFFS to which they have an allergy (e.g. NUTS), or if they have a special dietary need (e.g. Vegetarian)

Date of last Tetanus:

Any pain relief or medication that can be given to the child:

Any specific/relevant learning difficulties:

Any other relevant information about the child: *Is there anything else we need to know which is not covered in any of the other sections?*

Doctors Name and Address:

Doctors Telephone Number:

Water Confidence Permissions

Is your child any of the following:

Able to Swim 50 Metres?	Yes/No (delete as appropriate)
Confident in a Swimming Pool?	Yes/No (delete as appropriate)
Safety conscious in water?	Yes/No (delete as appropriate)
Confident in open inland water?	Yes/No (delete as appropriate)
Confident in sea conditions?	Yes/No (delete as appropriate)

Extra-Curricular Activity Permissions

Please indicate below if you give consent for your child to take part in the extra-curricular activities listed:

Football	Yes/No	Triathlon	Yes/No	Cricket	Yes/No
Rugby	Yes/No	Personal Survival	Yes/No	Hockey	Yes/No
Tag Rugby	Yes/No	Basketball	Yes/No	Badminton/Tennis	Yes/No
Orienteering	Yes/No	Handball	Yes/No	Dolphin Centre	Yes/No
Bowling	Yes/No	Trampolining	Yes/No	Swimming	Yes/No
Netball	Yes/No	Volleyball	Yes/No	Local Parks	Yes/No
Dance	Yes/No	Rounders/Softball	Yes/No	Cycling	Yes/No
Golf	Yes/No	Athletics	Yes/No	Table Tennis	Yes/No

Photograph Permissions

Please indicate below if you give consent for your child's photograph to be taken for the media listed:

Photographs in School Publications?	Yes/No
Photographs in School Newsletter?	Yes/No
Photographs on the School website?	Yes/No
Photographs in the local newspaper?	Yes/No

Alternative Contact for Emergencies

Name of alternative contact:			
Relationship to young person:			
Home telephone no:			Mobile no:
Address:			

Parent/guardian Declaration

I agree to _____ (name) taking part in Educational Visits in the academic year **2021/22**.

I understand that I will be informed about planned visits and that reply slips (or Residential Consent and Indemnity forms) are deemed as of my permission for my son/daughter to take part in the visit/activity. I understand that it is vital that Parents/Carers make the school office aware of any changes to a student's details (contact and medical). I acknowledge the need for responsible behaviour, and understand that if my son/daughter has to be removed from any activity I will meet any costs incurred.

I will inform the Trip Leader/School Office of any changes in the medical or contact details before the trip. I will make the School aware of any short term changes on the reply slip/ Residential Consent and Indemnity form.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Your name:	Please sign here:
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