

Personal information and Parental Consent Form - Category B Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to : Mrs Julia Owen Tel No: 01603 485266

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: Y7 Visit to **Eaton Vale Activity Centre**

Day & date of departure: 21st, 22nd or 23rd September 2010

Day & date of return: 21st, 22nd or 23rd September 2010

List of activities to be undertaken: Various

Method of travel: Norfolk County Council Buses (seat belts fitted as standard)

To be completed by Parent/Guardian (please use block capitals)

Young person's full name: _____ Date of birth: ____/____/____

Home address: _____
_____ Post code: _____

Main telephone no : _____

Name of parent(s)/guardian(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) _____
_____ Tel. no. _____

(ii) _____
_____ Tel. no. _____

Doctor's name : _____

Doctor's Tel. no: _____ National Health No.(if known): _____

Date of last known tetanus injection (if known):

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| Please give details of any recent illnesses: |
| Please give name and dosage of any medications currently being taken: |
| Please tell us about any allergies, e.g., medicines, food, bee stings, etc. |
| Please tell us about any food not eaten for religious or health reasons: |
| Please supply a Free School Meals Packed Lunch Yes/No (Please delete) |
| Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc. |
| <p>I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.</p> <p>I understand that the staff responsible for the activities will take all reasonable care of participants.</p> <p>I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only). * please delete as appropriate</p> <p>I agree to my child/ward 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.</p> <p>I understand the extent and limitations of the insurance cover provided.</p> <p>Signature of Parent / Guardian: _____ (if participant is under 18)</p> <p>Signature of Participant:: _____</p> <p>Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.</p> |

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

Copies must be carried securely by the Visit Leader or group supervisor.