



Visit Specific (over 15 miles) Parental Information and Consent

The information you provide below will be treated as CONFIDENTIAL

Visit name:			
Date of Departure:		Date of Return (if different to departure):	
Time of Departure:		Time of Return (approximate):	

Participant Name:			
Date of Birth:			

Emergency Contact Details			
<i>I may be contacted using the following information:</i>			
Name:	Relationship to participant:		
Home Address:	Post Code:		
	E-mail (optional):		
Telephone numbers: (including dialling codes)	Home:	Work:	Mobile:
<i>If I am not available, please contact the following:</i>			
Name:	Relationship to participant:		
Home Address:	Post Code:		
	E-mail (optional):		
Telephone numbers: (including dialling codes)	Home:	Work:	Mobile:

Programme Activities
The following activities and periods of remotely supervised time may take place during this visit. (please consult any other information provided by the Visit Leader relating to planned activities for this visit)
All young people participating in the visit are expected to join-in all the planned activities. If you have any concerns about your child taking part in any of the activities, you should arrange to discuss the matter with the Visit Leader directly, as soon as possible.

Family Doctor	
Name of GP:	
Telephone Number:	
Address of Surgery:	

Medical & Dietary Information	
IMPORTANT NOTE FOR PARENTS/GUARDIANS/CARERS	
The personal and medical information requested below is vital to ensure that appropriate care and support is available for your child on the visit. Please consult your family doctor if you are unsure about the suitability of a visit. Medical conditions will not necessarily exclude your son/daughter from participating in activities, but Leaders must be made aware of anything that might affect the safety/welfare of your child or others in the group.	
Medical & Special Needs	delete as appropriate
Does your son/daughter have any significant allergies (including to medication)?	Yes / No
Does your son/daughter have any medical conditions, impairments, or disabilities?	Yes / No
Has your son/daughter had any recent significant illnesses or injuries?	Yes / No
If a residential visit, does your son/daughter have any night-time tendencies (e.g. sleepwalking, nightmares, bed-wetting) which might cause him/her concern?	Yes / No
If the answer is "yes" to any of the questions above, please give full details below (use an additional sheet if necessary):	

Personal Medication It is important that your son/daughter is accompanied by any necessary medication, and that Leaders are fully informed. Please make sure that there is sufficient medication, and that it is clearly labeled.			
Name of Medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration
Please state any special precautions, side effects of medication (if applicable):			
I give my consent** for a member of staff to administer the above medication which I will deliver to the Visit Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.			
I give my consent** for my son/daughter to self-administer the above medication.			(**delete if not applicable)
To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?			Yes / No
Minor medical treatment during the visit(s) Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & colds, insect bites, etc. With your permission, the Visit Leader will authorise treatment of these ailments with the following "off the shelf" products which are commonly available from most chemists: Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, insect bite antihistamine, suncream			
Please state clearly below if you do not wish your son/daughter to be given any of the products mentioned above (or if other alternatives are acceptable or preferred instead):			
Are you willing for your child to be given these products, if required?			Yes / No

Major medical treatment during the visit(s)	
Do you agree to your son/daughter receiving emergency medical or dental treatment if it is considered necessary by the medical authorities present, and if it has not been possible to contact you beforehand? In such extreme and unlikely circumstances, the Visit Leader would be authorised on your behalf to give consent to any emergency treatment.	Yes / No
If this is not acceptable, please state clearly your preferred alternative:	

PARENT/GUARDIAN DECLARATIONS and CONSENT

- **I have read the information about the above-mentioned visit.**
- **I agree** to my son/daughter (named above) taking part in the visit.
- **I agree** to his/her participation in all of the activities, unless otherwise agreed with the Visit Leader.
- **I acknowledge** the need for obedience and responsible behavior on his/her part, and accept that any serious misbehavior that could put others at risk may result in him/her being withdrawn or returned from the visit.
- **I understand and accept** that there is some level of risk in every activity, but that all reasonable measures will be taken to minimise the risks involved.
- **I understand and accept** the extent and limitations of the insurance cover provided.
- **I have listed all relevant medical or other conditions** concerning my daughter/son that might affect the duty of care expected during an educational visit.

I undertake to inform the Visit Leader/Principal (in writing) of any changes in the medical or other circumstances of my son/daughter before the date of departure.

Signed:	Name:
Date:	Relationship: Parent / Carer / Guardian (please delete as appropriate)