

EV4.1 – Consent Form for Regular Off-site Activities



Dear Parent / Carer,

Please complete and return the form below that relates to the journey or activity for which you have already received details; away from the school lasting up to one day without overnight stay. By completing this form you are willing for your child to take part in activities away from the school base during the period 1st September 2017 to 31st August 2018, and for the supervising member of staff to sign, on your behalf, any forms of consent required by the hospital authorities in the event of your child being ill or injured during the activity to the extent that a medical intervention is required and, provided the delay required to obtain your own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger your child's health or safety.

Activity		Date	
Surname	Forename(s)	Date of Birth	Gender
Any Special Religious Needs		Any Dietary Requirements	
Next of Kin	Relationship		Alternative contact details during activity (if different)
Home Address (including postcode)	Home Telephone	Mobile Telephone	
	Email		
NHS Number		Doctor's Surgery / Practice	
Doctor's Name		Doctor's Address (including Postcode)	
Doctor's Telephone Number			
Health Questionnaires			
<p>If you currently, or have ever, suffered from any of the conditions listed below you are to give full details on the reverse of this form in the section titled "Health Declaration"</p> <p>Allergies, asthma, behavioural problems, blackouts, chest conditions, diabetes, ear or sinus problems, epilepsy, fainting, headaches, heart conditions, muscular/skeletal problems, vision problems, any previous major illness, any previous major injury, any condition not listed above.</p>			
Declaration			
<p>I understand that my child should arrive for the activity/ visit sufficiently prepared and able to take part. I have declared all medical matters that may affect their participation. I will inform the visit leader of any additional medical matter that may occur after signing this form.</p> <p>I give full consent for my child to participate in the activity detailed above. I understand that they will be representing the school and, as such, must show high standards of behaviour and attitude.</p> <p>Permission is given to participate in all appropriate activities.</p>			
Name in BLOCK Letters (parent / carer):			

Signature: _____		Date: ____ / ____ / ____	

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Health Declaration

Condition Declared:

Medication

Name	Dosage & Frequency	Storage Requirements

How are you affected by the condition?

Has advice been sought from a healthcare professional about the condition?
If yes, give details of advice given:

Additional information/comments regarding the management of the condition:

Water Based Activities

Is your child able to swim 50 metres?

Is your child water confident with regard to the proposed activity?

Use this space to give details of anything that is relevant