

Education Visit Information and Consent Form (Please complete both sides.)

Name of establishment: **Warblington School**

Personal details

First name of participant: Surname: Tutor Group:

Date of birth: Age: Male or female:

Address:

Post Code:

Name of next of kin:

Name 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 all visits taking place solely during school hours whilst at secondary school which are non adventurous or hazardous.

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 offsite sports events, school trips and educational activities. I will inform the school if there is any change to this situation.

I consent to him/her taking part in all school trips and sporting activities which take place solely during the school day whilst my child is at Warblington School.

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:



Educational Visit Information and Medical Form (Please complete both sides.)

Has the participant had any of the following?

	<i>Yes/No</i>		<i>Yes/No</i>
Asthma or bronchitis	<input type="checkbox"/>	Allergies to any known medication	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	Any other allergies, eg material, food, plasters	<input type="checkbox"/>
Fits, fainting or blackouts	<input type="checkbox"/>	Other illness or disability	<input type="checkbox"/>
Severe headaches	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Regular medication	<input type="checkbox"/>

If the answer to any of these questions is Yes, please give details:

	<i>Yes/No</i>
If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered.....	<input type="checkbox"/>
Has the participant received vaccination against Tetanus in the last 10 years?.....	<input type="checkbox"/>
Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital?.....	<input type="checkbox"/>
Has the participant been given specific medical advice to follow in emergencies?.....	<input type="checkbox"/>

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 that would preclude my child from taking part in offsite activities I undertake to inform the school at the earliest opportunity.

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

Please print name here:

Date: