

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM  
FOR TYPE B FOR EDUCATIONAL/OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES  
(This form is to be completed in full by the parent/carer and returned to the School/ Centre)**

**1. DETAILS OF VISIT**

Visit to: Blackpool Pleasure Beach

Alternative Activity (Plan B): **No Plan B activity. If cancelled the party will return home**

From: 9.10am Wednesday 18<sup>th</sup> July 2018

To: **5.00pm Wednesday 18<sup>th</sup> July**

Child's name: ..... Date of Birth: ..... Form/class: .....

**I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/organisation reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/centre with any medical information or changes to emergency contact details.**

S/he is capable of swimming 25 metres unaided

Yes/No

**2. EMERGENCY DETAILS**

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

Child's Health Service details: - Medical card number: .....

Family doctor (Name, address and telephone number): .....

..... (.....) .....

**3. MEDICAL INFORMATION**

**a) Does your child suffer from any of the following conditions?**

Asthma	Yes/No	Bronchitis	Yes/No
Chest Problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No		

If 'YES', to any of the above, please provide details: .....

Epilepsy

Yes/No

If 'Yes',

a) What specific epilepsy syndrome has been diagnosed for your child? .....

b) What is the pattern of any seizure? .....

(Please cross out the 'Yes' or 'No' which does not apply)

**b) Does your child suffer from any other condition requiring medical treatment, including medication?**

Yes/No

If 'YES', please provide details: .....

**c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?** Yes/No

If 'YES', please provide details: .....

.....

**d) Has your child been immunised against the following diseases?**

Poliomyelitis                      Yes/No                                      Tetanus (lock jaw)                                      Yes/No  
 If 'YES', to tetanus, please give date if known .....

**e) Is your child taking any form of medication on a regular basis?**

If 'YES', please give full details, indicating the type of medication and dosage.                                      Yes/No

**Please ensure that your child has adequate supplies of medication and dosage for the whole visit.**

**f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?**                                      Yes/No

If 'YES', please give full details: .....

**g) In the case of a residential course, does your child have any: (please give the details).**

- Special Dietary needs? .....
- Any childcare needs? .....

**h) Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect the full range of activities in this event:**

.....  
 .....

**4. INSURANCE COVER**

5. I understand that the visit is insured and I also understand that any extension of insurance cover is my responsibility unless advised differently by the School/Centre. (Details are available from school or to view on the school web site)

**6. DECLARATION BY PARENT/CARER**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed exchange visit and the insurance arrangements.
- I consent to my child taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Centre prior to the visit.

**I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL/CENTRE.**

**Signature of Parent/Carer** ..... **Date**.....  
 (N.B. Parental/Carer consent required for children aged 17 and under)

Name of parent/carers in block letters: .....

Address: .....

**NOTE: THIS COMPLETED FORM TO BE RETURNED TO THE SCHOOL/CENTRE.**

**In the case of the applicant being 18 years of age and above, the following must be read and signed:**  
 I declare the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. I consent to medical treatment if deemed necessary by the attending authority present and the use of anaesthetics being given in the case of an emergency.  
 Signed ..... Date .....