

DCMI: Day Visit/Out of Hours Consent & Medical Information Form (Version 1.1 2016)

This form must be signed by the parent/guardian/carer (unless the participant is over 16 years of age and living independently, in which case they should complete and sign themselves). Please return to the Visit Leader in advance of departure.

Details of Visit (To be completed by establishment.)

| | | | |
|------------------|--|--|----------------|
| Title of Visit: | Y11 GCSE Geography Field Trip | | |
| Date(s): | 19 th September 2023 | <input type="checkbox"/> This is a rolling programme of visits | |
| Nature of Visit: | Data Collection for Geography Coursework | | |
| Location: | Burbage Brook & Castleton | Time of Return: | Approx 4.30 pm |

Details of Participant

| | | |
|-------|----------------|--|
| Name: | Date of Birth: | |
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Parent/Carer/Guardian Contact Details During Visit

| | | |
|----------|---|--|
| Name(s): | Contact Details: (Mobile & Landline) | |
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Medical/Behaviour Information (Please answer Yes or No to each statement by deleting as appropriate.)

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|--|---|
| Has the participant any anxieties, medical (including historical), behavioural or other condition? | Yes / No |
| If you have answered ' Yes ' to the above or wish to provide more information, please provide details below or attach additional information: | |
| | |
| When did the participant last have a tetanus injection? | Date: <input type="checkbox"/> If not known tick here |
| Do you consider the participant to be physically and medically fit to participate in this visit? | Yes / No |

Swimming and Water Confidence (Please answer Yes or No by deleting as appropriate.)

| | | |
|---|----------------------------------|----------|
| It may not be necessary for participants to be able to swim on a visit or activity, but for some visits, they may need to be water confident. Please indicate their ability and confidence. | Water confident? | Yes / No |
| | Able to swim at least 25 metres? | Yes / No |

Medical Treatment Whilst Participating in the Visit (Please answer Yes or No by deleting as appropriate.)

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|--|--------|
| Participants sometimes need treatment for minor ailments e.g. headaches, insect bites, cuts/grazes etc. If deemed necessary, do you give permission for establishment staff to treat such ailments with the following 'over the counter' products: paracetamol, antiseptic cream, antiseptic wipes, insect bite antihistamine, suncream, plasters? | Yes/No |
| If you have answered ' No ' to the above, Please state clearly below which of the products listed above you do not wish the participant to be given (or if other alternatives are acceptable or preferred instead): | |
| | |

Consent

| | | | |
|--|--|------------|--|
| I have received full information about the visit, understand the nature of the visit and consent to the participant engaging in all of the activities described. I understand that the visit may be changed by the Visit Leader due to weather or other reasons. The participant understands that they must behave responsibly at all times and follow instructions during 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 minimize the risks involved. | | | |
| I agree to the participant receiving medication as instructed above. I also agree to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities if it has not been possible to be contacted. (Please delete and initial any of the above you do not wish to give consent to). | | | |
| The information I have provided in this form is accurate at the time of signing and I agree to inform the visit leader as soon as possible of any changes between now and the start of the visit. In line with data protection guidelines, the information contained on this form will be kept with the visit leader and the designated link person at the establishment for the duration of the visit for emergency purposes. | | | |
| Name of Parent/Guardian/Carer: | | Signature: | |
| Relationship to Participant: | | Date: | |