



Model form EV4

Parent/carers consent for one-off or occasional educational visits

To be completed for participants less than 18 years old and distributed with an information sheet/letter giving details of the visit.

Date:

Venue:

Your child's name: _____

Date of Birth: _____

Medical and dietary

a) Does your child have any medical condition that may affect him/her during the visit? YES/NO

If YES, please give brief details:

b) Please give details of any allergies (including allergy to medication):

c) Please list any type types of non-prescription medication or lotions your child may **not** be given:

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

e) 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 contagious or infectious? YES/NO

If YES, please give brief details _____

f) does your child require any other support or care during the day / night? YES/NO If YES, please specify:

g) When did your son/daughter last have a tetanus injection? _____

Water confidence/swimming ability

Please indicate your child's swimming ability: Cannot swim ☐ Able to swim a little in a swimming pool ☐
Able to swim confidently in a swimming pool ☐ Able to swim confidently outdoors (eg lake, river or sea) ☐

Your contact details

Telephone Home: _____ Work: _____ Mobile: _____

Home address _____

Alternative emergency contact

Name: _____ Telephone: _____

Address: _____

Family doctor

Name: _____ Telephone: _____

Address: _____

Declaration

- Having read the information sheet, and having understood the level of supervision to be provided, I agree to my child taking part in the activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/centre to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand that activity images may be used for educational and/or promotional purposes.
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR CARER (print please): _____

SIGNED: _____ **DATE:** _____

To be completed by the young person

I understand that, for the safety of the group and myself, I will obey the rules and instructions of members of staff.

SIGNED: _____ **DATE:** _____