

**Personal Details of Participant**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Mobile (if applicable) \_\_\_\_\_  
 Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Male / Female (delete as appropriate)  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Emergency contact must be contactable for the duration of the visit / activities

Emergency Contact – 1) Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Emergency Contact – 2) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Any special dietary requirements? \_\_\_\_\_

**Medical Information**

Name and address of participant's Doctor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ NHS Number (if known): \_\_\_\_\_

**Has the participant had or have any of the following?** *Where 'YES', please give specific details overleaf.*

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care considerations	Yes	No

**Is the participant receiving:**

Support and/or treatment for mental health from their counsellor or Doctor? Yes No  
 Medical or surgical treatment of any kind from their Doctor or hospital? Yes No  
 Has the participant been given specific medical advice to follow in emergencies? Yes No

***If the answer to any of these questions is Yes, please give details overleaf (including name, dosage of any medicines)***

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? Yes No  
 If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No  
 Has the participant received vaccination against Tetanus in the last 10 years? Yes No

**Consent for programmed water sports and water related activities**

*(e.g. kayak, canoe, sail, windsurf, rafting, etc., or activities involving water e.g. caving, gorge walking)*

Please tick **ONE** of the boxes below to confirm the water confidence and swimming capability of the participant.

Ticking either box **confirms your consent** to your child undertaking water activities within the programme provided.  
 This information will be passed to the Activities Provider to support any appropriate adjustments for inclusive participation.

A) My child can swim (including can submerge head without becoming distressed).  B) My child is non-swimmer and/or may be nervous in and around water.

**NB: If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space overleaf.**

Please add any Dietary Needs /Additional Medical/Support Needs Information for the planned visit: (Add additional sheets if required).

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**Consent for the Visit**

I confirm that I have parental responsibility for \_\_\_\_\_

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information. I am aware that the travel insurance synopsis is available for viewing in school / the Establishment. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader. I accept that, by their nature, adventure activities and educational visits may involve some level of risk which cannot be fully eliminated, and I consent to my child taking part.

\_\_\_\_\_ Print name here: \_\_\_\_\_

Signed by person with parental responsibility for participants under 18 years of age.

Date: \_\_\_\_\_

**Image Consent -**

- I consent for identifiable images of my child such as photography, video and multimedia
- I DO NOT consent for identifiable images of my child such as photography, video and multimedia

**GDPR Statement**

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child. This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe. This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy. You have some legal rights in respect of the personal information we collect from you. Please see our website Data Protection page for further details: [www.hants.gov.uk/dataprotection](http://www.hants.gov.uk/dataprotection)