BRACKNELL FOREST COUNCIL
CHILDREN, YOUNG PEOPLE AND LEARNING
MEDICAL AND CONSENT FORM

IMPORTANT: This form must be completed by all adults, children & young people who are participating in the activity because in the event of an emergency this is important information that might be required. For Participants under the age of 18 the form must be signed by their parent/carer. Participants over the age of 18, including adults and young people living independently should sign the form on behalf of themselves.

Establishment: (e.g. project, school, youth centre etc)

BIRCH HILL PRIMARY SCHOOL

Visit/Activity: Natural History Museum **Date/s: 4th February 2020**

Please provide the following details in respect of the PARTICIPANT:

Full Name: Date of Birth:

Home address including post code:

Mobile Phone Number (if applicable): Date of last Tetanus Injection:

Participant's Doctor's contact details: NHS number:

Doctor's Name:The Ringmead Medical Practice

Address including post code:

Telephone:

Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:

Please give details of all current medical treatment, including medication which will impact on the activity:

Special Dietary Requirements:

Please provide further information on separate sheets as necessary

PTO

Please provide the following details in respect of the NEXT OF KIN:

Full Name:

Telephone (including STD code):

Relationship to Participant
(e.g. mother):

How should they be contacted in an emergency?

Home:

Work:

Mobile:

Home address:

Declaration of Consent

I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.

1. **I consent to the above named Participant taking part in the activity/visit.**
2. **I agree** ☐

   I do not agree ☐

   that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anesthetic and blood transfusion. If agreement is not given the signatory/next of kin must undertake to be contactable at all times in the event of an emergency so that any responsibility for decisions affecting the participant can be made by the signatory/next of kin.

Signed:…… **Date: …….**

Relationship to the Participant:

The information you have provided will be recorded securely on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so. This information will be destroyed 3 months after the last date of the activity.

To be completed by the PARTICIPANT if applicable:

I understand that for the safety of all participants in the group, I will agree to obey the rules and instructions of members of staff.

Signature of Participant:…… **Date:……**