

OXFORDSHIRE COUNTY COUNCIL

NETTLEBED COMMUNITY SCHOOL

High Street, Nettlebed, Henley-on-Thames, Oxon. RG9 5DA

OFF-SITE ACTIVITY CONSENT FORM

SECTION 1 VISIT / ACTIVITY DETAILS

Activity:	Destination:
Departure date:	Return date:

SECTION 2 PARTICIPANT DETAILS

Surname:	First name(s):
Sex (<i>please circle</i>): M F	Date of birth:

SECTION 3 PARENT / GUARDIAN CONTACT DETAILS

Surname:	First name:
Home address:	
Home telephone No:	Mobile telephone No:
Work address:	
Work telephone No:	
Alternative contact (if not available):	

SECTION 4 MEDICAL / SAFETY DETAILS

It is appreciated that some parents / guardians may feel reticent at some of the information requested in this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety are not compromised due to personally known factors not being communicated to activity organisers. No embarrassment is intended by any of the questions asked.

Name and telephone number of participant's Doctor:
Participant's swimming ability (please circle): Non-swimmer 10m 25m 50m >50m (please state)m

This form continues over...

Does the participant suffer from any condition requiring medical treatment or special arrangements? Please include any conditions such as asthma, travel sickness, anxiety, vertigo, claustrophobia, colour blindness etc. (Please circle) YES NO
Is the participant allergic to any medication, stings, dressings or foods? (please circle) YES NO
Does the participant have any specific dietary requirements (including non medical)? (please circle): YES NO
If the answer is 'YES' to any of the above questions, please provide details of condition and any special treatment required, e.g. medicines, dose(s), frequency of dose etc:
Has the participant received a tetanus injection? Please state when: (please circle) YES NO
Please give details of any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware:

SECTION 4 DECLARATION

<p>I have read the proposed itinerary, activities, financial and general information for this visit and agree to my child named above attending and participating in the proposed activities.</p> <p>I declare that the above information is a complete resumé of my child's current health status and I accept that travel may be denied if any medically notifiable or certifiable health problem subsequently arise.</p> <p>I agree to inform the Head of Establishment of any change in my child's medical or other condition(s) or any other relevant circumstances before the start of the visit.</p> <p>I agree to my child receiving <u>any and all</u> emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise</p> <p>I understand the extent and limitations of the insurance cover provided.</p>		
Signed:	Print name:	Date:
<div style="border: 2px solid black; width: 250px; height: 30px;"></div>		

Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health and safety may be placed at unacceptable risk.
In such cases, the decision of the Head of Establishment is final.