



Educational Visit Information and Consent Form

PLEASE COMPLETE ALL SECTIONS ON THE FORM

Personal Details

First name of participant Surname

Date of birth Age Year..... Tutor.....

Address

..... Post Code

Name of next of kin Relationship

Next of kin address during the activity (if different from above)

..... Post Code

Contact: Home Work Mobile

E-mail address

X Name and address of participant's doctor

Telephone number NHS number (if known)

I confirm that my child is in good health and I agree to him/her participating in off-site activities/visits.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

X Signed (Person with parental responsibility)

Please print name

Address

..... Post Code





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Is the participant entitled to free school meals? (A packed lunch is provided on an all day event) Yes No

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Has the participant had any of the following?

- Asthma or bronchitis Yes No
- Allergies to any know medication Yes No
- Heart condition Yes No
- Any other allergies, e.g. food, plasters Yes No
- Fits, fainting or blackouts Yes No
- Other illness or disability Yes No
- Severe headaches Yes No
- Travel sickness Yes No
- Diabetes Yes No
- Regular medication Yes No

If the answer to any of these questions is Yes, please give details:

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If it is considered necessary, do you agree to mild painkillers (e.g. Paracetamol?) Being administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is yes, please give details here (including name and dosage of any medication):

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.....

Signed (Person with parental responsibility)

Please print name

