



THE PETERSFIELD SCHOOL
Educational Visit
Consent and Medical Form

Personal details

First name of participant _____ Surname _____

Date of birth _____ Age _____ male/female

Address

_____ Post Code _____

Name of next of kin _____

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

_____ Post Code _____

Contact Tel No. Home _____ Work _____ Mobile _____

Name and address of participant's doctor _____

Tel No. _____ NHS No. (if known) _____

Consent for the visit or venture

The visit or venture to _____ Date of visit _____

I confirm that I have parental responsibility for _____

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated _____. I consent to him/her taking part in the programme detailed in your letter. I understand a copy of the School's Insurance Certificate is available in the Finance Office.

Signed _____ (Person with parental responsibility) Date _____

Please print name here _____

Address _____ Post Code _____



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Has the participant had any of the following.

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

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

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 medicine/tablets)

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed _____ (Person with parental responsibility)

Please print name here _____ Date _____

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes **Yes/No**

I understand that if my child is easily identifiable (e.g. a close facial shot) I will be informed first. I consent to the images being used on the website. **Yes/No**

Signed _____ (Person with parental responsibility) Date _____