



# Visit/Out of Hours Consent & Medical Information Form

This form must be signed by the parent/guardian/carer. Please return to The Academy Office in advance of departure.

### Details of Visit (To be completed by The Academy)

Title of Visit:	Doncaster Museum & Yorkshire Water Treatment		
Date and Time:	See Y4 Visit Letter		
Nature of Visit:	See Y4 Visit Letter		
Location:	See Y4 Visit Letter	Time of Return:	See Y4 Visit Letter

### Details of Child Participating To be completed by parent/guardian/carer

Name:		Date of Birth:	
		Class:	

### Parent/Guardian/Carer Contact Details during visit - please provide details for at least two contacts

Name(s):	1. 2.	Contact Details: (Mobile & Landline)	1. 2.
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### Medical/Behaviour Information (Please answer Yes or No to each statement by deleting as appropriate)

Has your child any anxieties, medical issues (including historical), behavioural issues or other conditions?	Yes / No
If you have answered ' <b>Yes</b> ' to the above or wish to provide more information, please provide details below or attach additional information:	
When did your child last have a tetanus injection?	Date: <input type="text"/>
If not known tick here <input type="checkbox"/>	
Do you consider your child to be physically and medically fit to participate in this visit?	Yes / No

### Swimming and Water Confidence (Please answer Yes or No by deleting as appropriate.)

It may not be necessary for children to be able to swim on a visit or activity, but for some visits, they may need to be water confident. Please indicate their ability and confidence.	Water confident?	Yes / No
	Able to swim at least 25 metres?	Yes / No

### Medical Treatment Whilst Participating in the Visit (Please answer Yes or No by deleting as appropriate.)

Children sometimes need treatment for minor ailments e.g. headaches, insect bites, cuts/grazes etc. If deemed necessary, do you give permission for staff to treat such ailments with the following 'over the counter' products: paracetamol, antiseptic cream, antiseptic wipes, insect bite antihistamine, suncream, plasters?	Yes/No
If you have answered ' <b>No</b> ' to the above, Please state clearly below which of the products listed above you do <b>not</b> wish your child to be given (or if other alternatives are acceptable or preferred instead):	

### Consent

I have received full information about the visit, understand the nature of the visit and consent to my child engaging in all of the activities described. My child understands that they must behave responsibly at all times and follow instructions during the visit. I understand and accept that there is some level of risk in every activity, but that all reasonable measures will be taken to minimise the risks involved.			
I agree to my child receiving medication as instructed above. I also agree to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities if it has not been possible to be contacted.			
The information I have provided in this form is accurate at the time of signing and I agree to inform the visit leader as soon as possible of any changes between now and the start of the visit. In line with data protection guidelines, the information contained on this form will be kept with the visit leader and the designated link person at Richmond Hill Primary Academy for the duration of the visit for emergency purposes.			
Name of Parent/Guardian/Carer:		Signature:	
Relationship to Child:		Date:	