

Data Protection Act, 1998

The information that you supply on this form will be used by Children and Families for the purpose of maintaining and improving the level of service given for young people within Sandwell MBC. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of the data protection notification. Data may be shared within Children and Families.

School/Group:

Visit to:

Date and times:

I consent to: (full name)

taking part in this visit and have read the **accompanying letter**. I agree to him/her participating in the activities described. I acknowledge the need for him/her to behave responsibly throughout the visit and to follow any rules and instructions given.

(Where a visit includes water based activities, parents should be consulted as to their child's swimming ability/level of water confidence. Where a visit includes period of remote supervision, parents/wards should be asked for their specific consent for this.)

Medical information about your son/daughter/ward:

Date of birth: (dd/mm/yy)

Does your child suffer from any condition requiring regular treatment? Yes No

If yes please give details:

If you have answered yes do you give your permission for the staff to administer the medication should this be necessary? Yes No

Has your child to the best of your knowledge been in contact with any infectious or contagious diseases or suffered from anything that may become infectious or contagious in the last three weeks? Yes No

If yes please give details:

Is your son/daughter/ward allergic or sensitive to any medication? eg penicillin Yes No

If yes please give details:

Has your son/daughter had any serious medical condition in the last few years that we should know about? Yes No

If yes please give details:

Has your son/daughter/ward been immunised against tetanus?

Yes No

Date of last injection:

Please outline any dietary needs or food allergies:

Name of child's doctor:

Address:

Post code:

Tel no:

I will inform the Group Leader/Head Teacher/Principal/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

Emergency Contact Details

I may be contacted by telephoning one of the following numbers:

Day:

Ev:

Mob:

Home Address:

Alternative Emergency Contact

Name

Relationship:

Tel: Day

Ev:

Mob:

Address:

Declaration

I **agree/disagree** to my son/daughter/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I **agree/disagree** to my son/daughter/ward receiving a blood transfusion if considered necessary by the medical authorities present.

I understand that I may ask to see a copy of the insurance cover provided in order that I might appreciate the extent and limitations of the policy.

Signed:

(Parent/Guardian)

Print Name:

Date:

NB: This form should only be signed by a parent or an individual who holds legal responsibility for the child concerned.

This form should be taken on the visit by the Group Leader and a copy retained at base while the visit takes place. One set of these copies should ultimately be retained in the Evidence File together with:

1. The Approval Form
2. The Emergency Contact Form
3. The Risk Assessment Form
4. The Evaluation Form