

**BEDALE HIGH SCHOOL**  
**Annual Consent And Medical Fitness Form For Off Site Activities**

**INFORMATION FOR PARENTS/GUARDIANS**

Please complete the questions below and sign the declaration. The personal and medical information requested is to ensure that a proper duty of care is possible during off-site visits. A copy of this form will be taken on the visit by the member of staff in charge and one copy will be kept by the designated member of staff who is the emergency contact back at Bedale.

PERSONAL DETAILS				
PUPIL		PARENT/GUARDIAN INFORMATION		
Surname		Name		
First Name		Address		
Address				
Postcode		Postcode		
<b>Telephone Numbers</b>				
Date of Birth		Day	Evening	Mobile
Doctor		<b>Additional Emergency Contact</b>		
Surgery Address		Name		
		Relationship		
		Address		
Telephone No		Telephone		

**MEDICAL INFORMATION**

If your son/daughter has a medical condition of any sort please discuss with your family doctor before completing the form. Medical conditions would not normally exclude your son/daughter from participating in activities. It is important that your son/daughter is accompanied by any necessary medication and that we are made aware of this. Please make sure that they have enough medication with them.

QUESTIONS	Please Tick	
	Yes	No
Has your son/daughter had any serious illness recently?		
Is your son/daughter recovering from an accident, injury or fractured bone?		
Does your son/daughter have:		
Epilepsy or convulsions		
Diabetes mellitus		
Asthma		
Heart Disease		
Any allergies		
Is your son/daughter on any medication at this time? (If ‘Yes’ please give details below, including dosage and frequency)		
<b>If the answer to any of the above questions is ‘Yes’ please give details here:</b>		
Has your son/daughter been inoculated against TETANUS?	<b>Yes</b>	<b>No</b>
Date of last injection if known:		
Do you consider your son/daughter to be medically fit at this time?	<b>Yes</b>	<b>No</b>

### MEDICAL TREATMENT DURING VISITS

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, pulled muscles, coughs and colds, insect bites etc. With your permission the School staff will treat these ailments with "off the shelf" products from a chemist. For example the following items are available: Muscle relaxant cream/spray, witch hazel, throat lozenges, petroleum jelly, cough mixture, antiseptic cream, calamine lotion, adhesive plasters, insect bite antihistamine.

<b>Please indicate by ticking the box if you are willing for your son/daughter to be treated with "off the shelf" medication:</b>	<b>Yes</b>	<b>No</b>
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Professional help would be sought for any more serious conditions and we will contact you by telephone.

<b>Please indicate by ticking the box if you are willing for your son/daughter to undergo emergency treatment from a doctor or hospital should this be necessary. Every effort would be made to contact you in an emergency.</b>	<b>Yes</b>	<b>No</b>
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**Procedures to take in an emergency:**

**Other medication the pupil may be taking:**

**I give my consent\*\*** for a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading visits are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

**I give my consent\*\*** for my son/daughter to self-administer the above medication.

**\*\* Delete if not applicable.**

### DIETARY INFORMATION

Does your son/daughter have any individual dietary needs (including vegetarian foods)?  
Please give details here:

<b>SWIMMING ABILITY IN SWIMMING POOL CONDITIONS</b>	<b>Please tick</b>	
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Some water sports activities are suitable for non-swimmers. Participation will often increase the confidence of a non-swimmer and his/her willingness to learn to swim.

<b>Non - Swimmer</b>	
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<b>25 metres</b>	
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<b>50+ metres</b>	
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<b>Please indicate if you are willing for staff to make decisions related to your son/daughter's participation in water sports.</b>	<b>Yes</b>	<b>No</b>
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### PARENT/GUARDIAN DECLARATION

I have listed any medical or other conditions concerning my son/daughter that might affect the duty of care expected during the off-site visit.

I understand that my child may leave the school site for supervised local visits into Bedale and hereby give consent to his/her taking part in all the activities unless otherwise stated. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me. This will normally take the form of a signed consent slip at the bottom of a letter informing you of the off-site visit.

I undertake to inform the school in writing as soon as possible of any change in medical or other circumstances after the date shown below.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_