

PLEASE COMPLETE BOTH SIDES

THE TOYNBEE SCHOOL

EDUCATIONAL VISIT INFORMATION AND CONSENT FORM



**Please return to the Post Box in the Student Reception Area marked for the
Attention of Mrs. H. Thompson**

The visit to

Date of visit

Personal Details

First name of participant..... Surname.....

Date of birth..... Age..... Male / Female

Address.....

.....

Emergency contact telephone numbers for duration of trip

The Toynbee School will use the emergency contact details for the above trip as currently held on the school database. If this is different for the duration of this trip/event, please provide details below.

Name and address of family Doctor.....

.....

Telephone number..... NHS number
(if known)

Consent for the 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 previous letter.

The Hampshire County Council Insurance synopsis is available at
<http://www3.hants.gov.uk/education/outdoor-education/oe-homepage/oe-forms.htm>
and also on the Parents Portal on the school website under Trip Information.

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

Signed (Parent/Guardian).....

Please print name here.....

MEDICAL INFORMATION

(please complete both sides)

Has your son/daughter had any of the following?

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

If the answer to any of the above is Yes, please give details:
.....
.....

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

Has your son/daughter received vaccination against Tetanus in the last 10 years? Yes / No

Is your son/daughter receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes / No

Has your son/daughter been given specific medical advice to follow in emergencies? Yes / No

If the answer to either of the last 2 questions is Yes, please give details here (including name and dosage of medicines/tablets):
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.....

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 (Parent/Guardian).....

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 consent to the images being used on the website. Yes / No

Signed (Parent/Guardian).....

Please print name here.....

Date.....

