

# Churchside Federation

## Personal information and Parental Consent Form – Level 3 Visits

**CONFIDENTIAL**

**To be completed by the Visit Leader:**

Please return to : Mrs C. Galletly (Visit Leader) by 14<sup>th</sup> May 2018

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: YMCA National Centre, Lakeside

Day & date of departure: Monday 4<sup>th</sup> June 2018 Time: 06:40

Day & date of return: Friday 8<sup>th</sup> June 2018 Time: 18:30

List of activities to be undertaken: raft building, obstacle course, fell walk, ghyll scrambling, orienteering, pico sailing, rock climb and abseil, kayaking, bushcraft, runway, king swing

Method of travel: Coach (seat belts fitted as standard)

**To be completed by Parent/Guardian (please use block capitals)**

Young person's full name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Main telephone no : \_\_\_\_\_

Name of parent(s)/guardian(s):

(i) \_\_\_\_\_ Relationship: \_\_\_\_\_

(ii) \_\_\_\_\_ Relationship: \_\_\_\_\_

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) \_\_\_\_\_

\_\_\_\_\_ Tel. no. \_\_\_\_\_

(ii) \_\_\_\_\_

\_\_\_\_\_ Tel. no. \_\_\_\_\_

Doctor's name : \_\_\_\_\_

Doctor's Tel. no: \_\_\_\_\_ National Health No.(if known): \_\_\_\_\_

Date of last known tetanus injection (if known): \_\_\_\_\_

Please give details of any recent illnesses:
Please give name and dosage of any medications currently being taken:
Please tell us about any allergies, e.g., medicines, food, bee stings, etc.
Please tell us about any food not eaten for religious or health reasons:
Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
<p>I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.</p> <p>I understand that the staff responsible for the activities will take all reasonable care of participants.</p> <p>I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only). * please delete as appropriate</p> <p>I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>Signature of Parent / Guardian: _____</p> <p>Signature of Participant: _____ (over 18 years of age)</p> <p>Should there be any amendments to this form after it has been handed in, please inform Mrs Galletly on the morning of departure. It is helpful if all amendments are put in writing.</p>

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

**Copies will be carried securely by Mrs Galletly.**