

OUTDOOR LEARNING SERVICE

PARENT/GUARDIAN CONSENT FOR VISITS TO BEWERLEY PARK AND EAST BARNBY CENTRES

INFORMATION FOR PARENTS/GUARDIANS

So that you have the information you need to consent to your child's visit it is recommended that you attend information meetings arranged by your school/group, and that you read through the written information provided by the Centre and your school/group. If you have any questions please ask the school/group leader. It is important you ensure you have the information you need to complete the questions below and sign the consent. The personal and medical information requested is to ensure that the Service can provide a proper duty of care for your child.

PERSONAL DETAILS OF CHILD

Surname:		School / Group:	
Forename:		Course Dates:	
Address:		Date of Birth:	
		Telephone Numbers for Parental Contact:	
		Home:	
		Work:	
Postcode:		Mobile:	

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Tel. Number: _____
Address: _____

If your child has a medical condition please discuss with your family doctor and inform your school/group leader before completing the form. Medical conditions would not normally exclude your child from participating in the course. It is important that your child brings with them sufficient necessary medication and that we are made aware of this.

QUESTIONS

	Please Tick	
	Yes	No
Has your child had any serious illness in the last two months? :		
Is your child recovering from an accident, injury or broken limb? :		
Does your child have?: Epilepsy, convulsions or absenting:		
Diabetes mellitus:		
Asthma:		
Heart Disease:		
Does your child have a long term illness or disability? :		
Does your child have any allergies? :		
Is your child on any medication? :		

If the answer to any of these questions is yes, or if there is any other relevant information which will enable us to support and care for your child during the course, please give details here:

TETANUS

	Yes	No
Has your child been inoculated against Tetanus? Date of last injection if known:		

GENERAL FITNESS

	Yes	No
Do you consider your child to be medically fit?		

MEDICAL TREATMENT DURING THE COURSE

	Yes	No
With your consent the Centres will provide treatment for minor ailments with "off the shelf" products from a chemist. The following items are available: Paracetamol, witch hazel, Strepsils, calamine lotion, adhesive plasters, suntan lotion and insect bite antihistamine. Please indicate if you are willing for your child to be treated with any of these. Please delete any that you do not give permission for.		

DIETARY INFORMATION

Please give details of any individual dietary needs (e.g. vegetarian).

SWIMMING ABILITY

It is not necessary for students on a course to be able to swim, but for some activities they may need to be water confident. Please indicate which category your child belongs to.

Swimmer:	
Non-swimmer but water confident:	
Not water confident:	

PRIOR OUTDOOR LEARNING EXPERIENCES

Has your child been on an Outdoor Learning residential before?	YES		NO	
--	------------	--	-----------	--

If so, please state where & when and with which school/group?

Centre: _____ **Year:** _____ **School/Group:** _____

ALTERNATIVE EMERGENCY CONTACT NUMBERS

We will make every effort to contact you in the event of an emergency. To assist us in this please give the name, address and phone numbers of an alternative emergency contact should we not be able to contact you.

Name:		Home:	
Address:		Mobile:	
		Work:	

PARENT/GUARDIAN CONSENT

I consent to my child attending the course provided by North Yorkshire County Council. I have received information about the programme and fully understand the nature of the course and agree to my child's participation in all the activities described. I understand that the programme may be changed by the Service in consultation with the school/group leader due to weather or for other reasons.

I understand the nature of the insurance arranged by the school/group for this educational visit.

The information I have provided in this form is accurate at this time and I agree to inform the school/group leader and the relevant Centre as soon as possible of any changes between now and the start of the course.

I agree to my child receiving medication as instructed above; and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. Please delete any that you do not give permission for.

NAME OF PARENT/GUARDIAN _____ **SIGNATURE** _____

RELATIONSHIP TO CHILD _____ **DATE** _____

CONSENT TO USE IMAGES OR PHOTOGRAPHS

North Yorkshire County Council use still and video images both for coaching / teaching purposes and for the purpose of producing printed information, displays, presentations, exhibitions, and promotional material (literature, website, DVD and CD). Collections of images may be provided for schools/groups at the end of their course as a memento. Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to the child or their parent or guardian. Such images will **NOT** identify any child by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

We would be very grateful for your consent to use such images. We take the issue of child safety very seriously and are selective in images which we use and keep – but a cheerful, smiling face enjoying an activity is preferable to an unidentifiable person hidden behind a hood.

I have read the above and I give / do not give consent for North Yorkshire Outdoor Learning Service to take, store, and use images of my child for the purposes described. Please delete as appropriate.

SIGNATURE _____ **DATE** _____

This form must be signed by the parent or guardian and returned to the school/group leader who will send a copy to the relevant Centre at least two weeks before the visit