

INFORMATION FOR PARENTS/GUARDIANS

So that you have the information you need to consent to your 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 you.

PERSONAL DETAILS

Surname:		School / Group:	
Forename:		Course Dates:	
Address:		Date of Birth:	
		Contact phone numbers:	
		Home:	
		Work:	
Postcode:		Mobile:	

MEDICAL INFORMATION

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

If you have 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 you from participating in the course. It is important that you bring with you sufficient necessary medication and that we are made aware of this.

QUESTIONS:	Please Tick	
	Yes	No
Have you had any serious illness in the last two months?		
Are you recovering from an accident, injury or broken limb?		
Do you have: Epilepsy, convulsions or absencing?		
Diabetes mellitus?		
Asthma?		
Heart Disease?		
Do you have any allergies?		
Do you currently take any medication?		
Do you have any other long term illness, disability or additional needs?		

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 you during the course, please give details here:

TETANUS

Has you been inoculated against Tetanus:
Date of last injection if known:

Yes	No

GENERAL FITNESS

Do you consider yourself to be medically fit now?

Yes	No

ADDITIONAL INFORMATION:

MEDICAL TREATMENT DURING THE COURSE

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, insect bite antihistamine.** Please indicate if you are willing to be treated with any of these. **Delete** any above that you do not give permission for.

	Yes	No

DIETARY INFORMATION

Please give details of any individual dietary needs (including vegetarian foods). Please note: a vegetarian option is always available.

SWIMMING ABILITY

It is not necessary for participants on a course to be able to swim, but for some activities they may need to be water confident. Please indicate which category you belong to.

Swimmer	
Non-swimmer but water confident	
Not water confident	

PRIOR OUTDOOR LEARNING EXPERIENCE

Have you been on an Outdoor Learning experience before?

YES		NO	
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If so, please state where and when?

Centre: _____ **Year:** _____ **School / organisation:** _____

ALTERNATIVE EMERGENCY CONTACT NUMBERS

We will make every effort to contact a friend or family member in the event of an emergency. To assist us in this please give the name, address and phone numbers of an emergency contact.

Name		Home	
Address		Mobile	
		Work	

PARTICIPANT CONSENT

I consent to 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 participation in all the activities described. I understand that the programme maybe 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 group organiser and the relevant centre as soon as possible of any changes between now and the start of the course.

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

NAME OF PARTICIPANT: _____ **SIGNATURE:** _____ **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, social media, website, DVD and CD). Collections of images may be provided for 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 participants. Such images will **NOT** identify any participant 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 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 note above and I give consent for North Yorkshire Outdoor Education Service to take, store, and use images of myself for the purposes described.

SIGNATURE _____ **DATE** _____

This form must be signed by the participant and returned to the group organiser who will send a copy to the relevant centre at least two weeks before the visit