

INFORMATION FOR PARENTS/GUARDIANS

So that you have the information you need to consent to your son or daughter's visit it is recommended that you attend information meetings arranged by the school or group and that you read through the information provided by the centre and the school. You will find it useful to visit our website at www.outdoored.co.uk. If you have any questions please ask the school or group's 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 son/daughter.

PERSONAL DETAILS OF CHILD

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

MEDICAL INFORMATION

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

If your child has a medical condition of any sort please discuss with your family doctor and inform your school before completing the form. Medical conditions would not normally exclude your child from participating in the course. It is important that your child is accompanied by any medication necessary 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 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 absencing? | | |
| Diabetes mellitus? | | |
| Asthma? | | |
| Heart Disease? | | |
| Does your child have any allergies? | | |
| Does your child currently take any medication? | | |
| Does your child 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 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 | ADDITIONAL INFORMATION: |
| Do you consider your child to be medically fit now? | | | |

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 for your child 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 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 son/daughter falls in to.

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

PRIOR OUTDOOR EDUCATION EXPERIENCE

Has your child been on an Outdoor Education residential before?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

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

Centre:

Year:

School / organisation:

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 get you for some reason.

| | | | |
|---------|--|--------|--|
| Name | | Home | |
| Address | | Mobile | |
| | | Work | |

PARENT/GUARDIAN CONSENT

I consent to my son/daughter 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 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 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 my son / daughter 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.

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____

RELATIONSHIP TO THE 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 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 note above and I give consent for North Yorkshire Outdoor Education Service to take, store, and use images of my child for the purposes described.

SIGNATURE _____

DATE _____

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