

Medical and Consent Form

Name of Establishment: Stubbington Study Centre Visit Date/s: 11th March 2024 – 15th March 2024

Personal Details of Participant

First Name:	Surnar	me:	Mobile (if applicable)		
Date of Birth://	Age:		Male / Female (delete as appropriate)		
			Post Code:		
Emergency contact must be cont	actable for th	ne durat	ion of the visit / activities		
Emergency Contact – 1) Name: _			Number:		
Emergency Contact – 2) Name: _			Number:		
Any special dietary requirements	;?				
Medical Information					
Name and address of participant	's Doctor:				
elephone Number: NHS Number (if known):					
Has the participant had or have	any of the fo	llowing	Where 'YES', please give specific details of	overlea _i	f.
Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters	s) Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Sleepwalking	Yes	No
Regular medication	Yes	No	If a residential, overnight care considerations	Yes	No
Is the participant receiving:					
Support and/or treatment for mo	ental health fr	rom the	ir counsellor or Doctor?	Yes	No
Medical or surgical treatment of any kind from their Doctor or hospital?					No
Has the participant been given specific medical advice to follow in emergencies?					No
If the answer to any of these qu	estions is Yes,	, please	give details overleaf (including name, dosage of	any me	dicines
If it is considered necessary, do y	ou consent to	o mild p	ainkillers (Paracetamol) being administered?	Yes	No
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?					No
Has the participant received vacc	cination again	st Tetar	nus in the last 10 years?	Yes	No
Additional Medical, Support Ne	eds Informati	on for t	he planned visit: (Add additional sheets if required).		
			(tad additional sineets in required).		



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Consent for the Visit

Date:

I confirm that I have parental responsibility for
He/she is in good health and I consent to him/her taking part in ALL activities set out in the visit information. (Any variation to this should be noted overleaf or above).
I am aware that the travel insurance synopsis is available for viewing in school / the Establishment. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader. I accept that, by their nature, adventure activities and educational visits may involve some level of risk which cannot be fully eliminated, and I consent to my child taking part.
Print name here:
Signed by person with parental responsibility for participants under 18 years of age.
Print name here:
Signed by participant if aged 18yrs and over.

<u>Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.</u>

Schools should already have Image Consent in place as part of their enrolment procedures.

All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage-https://hants.sharepoint.com/sites/CESC/SitePages/Guidance-and-consent-forms.aspx?web=1

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.

This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe.

This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.

Please see our website Data Protection page for further details: www.hants.gov.uk/dataprotection









