Personal information and Parental Consent Form – Level 3 Visits
CONFIDENTIAL

Diocese of Norwich Education and Academies Trust

Please return to: **Mr Dack (Visit Leader)**

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

Place of visit: **Ambleside – Lake District**

Day & date of departure: **Monday 4th July 2022** Time: **08:00**

Day & date of return: **Friday 8th July 2022** Time: **18:00 (approx.)**

List of activities to be undertaken: **See itinerary**

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

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. (call your doctor if you are unsure): _____

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, mental health problems etc.

I am willing for my child to take part in the above visit and having read all the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only).
** please delete as appropriate*

I agree to my child 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.

Signature of Parent / Guardian: _____

Signature of Participant: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

In event of an asthma attack:

1. I can confirm that my child has/has not been diagnosed with asthma and has/has not been prescribed an inhaler *[delete as appropriate].*
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day – Yes/No/Not applicable *[delete as appropriate].*
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies - Yes/No/Not applicable *[delete as appropriate].*

Signature of Parent / Guardian: _____