



## Offsite Visits – Personal and Medical Information and Consent Form (C3)

### INFORMATION FOR PARENTS/GUARDIANS/CARERS

Please complete the questions below and sign the consent. The personal and medical information requested is vital to ensure that appropriate care and support is available for each child. Visit leaders must be made aware of anything that might affect the safety/welfare of your child or others in the group. Please consult your GP if you are unsure about the suitability of an offsite visit or activity.

PERSONAL DETAILS			
CHILD INFORMATION		PARENT/GUARDIAN/CARER INFORMATION	
Surname		Surname	
First Name		First Name	
Date of Birth		Relationship to child	
Address		Address	
Postcode		Postcode	
Doctor		Work telephone	
Surgery Address		Home telephone	
		Mobile telephone	
		ADDITIONAL EMERGENCY CONTACT	
		Surname	
Telephone No		First Name	
		Relationship to child	
		Address	
		Postcode	
		Work telephone	
		Home telephone	
		Mobile telephone	

### DIETARY INFORMATION

If this child has any specific dietary needs (e.g. vegetarian), please give details here:

### MEDICAL or SPECIAL NEEDS

Please provide all relevant information which will enable Leaders to safely care for this child (please circle answers):

Does this child have any significant allergies (including to medication)?	Yes	No
Does this child have any medical conditions, impairments, or disabilities?	Yes	No
Has this child had any recent significant illnesses or injuries?	Yes	No
If a residential visit, does this child have any night-time tendencies (e.g. sleepwalking, nightmares, bed-wetting) which might cause concern?	Yes	No
If the answer is "yes" to any of these questions, please give full details below (use an additional sheet if necessary):		

**PERSONAL MEDICATION**

It is important that this child is accompanied by any medication necessary, and that leaders are fully informed. Please make sure that there is sufficient medication, and that it is clearly labelled.

Name of Medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration

Please state any special precautions, side effects of medication (if applicable):

**I give my consent\*\*** for a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.

**I give my consent\*\*** for this child to self-administer the above medication.  
(\*\*delete if not applicable)

To the best of your knowledge, has this child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious? (please circle answer)	Yes	No
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If YES, please give brief details:

Does this child have up to date protection against tetanus (normally an injection within the past 10 years)?	Yes	No
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**MINOR MEDICAL TREATMENT DURING VISITS**

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & colds, insect bites, etc. If necessary, with your permission, staff will treat these ailments with the following "off the shelf" products which are commonly available from most chemists:

Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, witch hazel, insect bite antihistamine, suncream.

Please state clearly below if you do not wish this child to be given any of the products mentioned above (or if other alternatives are acceptable or preferred instead):

Are you willing for this child to be given these products, if required? (circle answer)	Yes	No
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**EMERGENCY MEDICAL TREATMENT DURING VISITS**

Do you <b>agree</b> to this child receiving emergency medical or dental treatment if it is considered necessary by the medical authorities present, and if it has not been possible to contact you beforehand? In such extreme and unlikely circumstances, the Overall Group Leader would be authorized on your behalf to give consent to any emergency treatment. (please circle answer)	Yes	No
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If this is not acceptable, please state clearly your preferred alternative:

**PARENT/CARER/GUARDIAN DECLARATIONS and CONSENT**

- **I am legally responsible for the care of the child mentioned above.**
- **I have listed all relevant medical or other conditions** concerning this child that might affect the duty of care expected during an offsite visit.
- **I undertake** to inform the Visit Organiser (in writing) of any significant changes in the medical or other circumstances of this child before the date of departure.

Signed:	Name:
Date:	Relationship: Parent/Carer/Guardian (delete)

Signed:	Name:
Date:	Relationship: Parent/Carer/Guardian (delete)