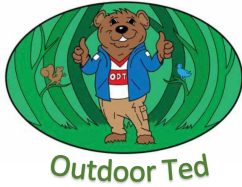


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Outdoor Ted Child Consent

Under 18s Individual visit consent and medical information

Offsite educational visit to the Skylark Educational Centre			
Visit/Activity			
School		Date	
Personal details			
Full name of participant		Gender	Age
			D.O.B
Home Address			
Emergency Contacts (Please provide at least 2 contacts)			
Name	Relationship	Telephone Number	
Doctor's details			
Name (if known)	Practice village/town	Telephone Number	
Medical and welfare information			
Please let us know if any of the following are relevant for the participant - please provide further details in the box provided			
Recent serious illness	Yes/No	Allergies or historical reaction to medication	Yes/No
Recent serious injury or broken limb	Yes/No	Currently taking any medication	Yes/No
Epilepsy, seizures, convulsions or absenting	Yes/No	Full tetanus vaccination	Yes/No
Heart Condition	Yes/No	Asthma	Yes/No
Diabetes	Yes/No	Any other medical, behaviour or diet issues	Yes/No
Swimmer	Yes/No	Water confident	Yes/No



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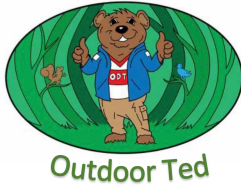
Outdoor Ted Child Consent

Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during this visit or attach further documentation.

Please ensure that the participant has sufficient prescribes medication for the duration of the visit

- I consent to the participant taking part in this offsite, educational visit or adventurous activity.
- I have received full information about the itinerary and programme; I understand its nature and agree to the participant engaging in all the activities described which may include near water.
- I understand that the programme may be changed by the Visit/Activity Leader in conjunction with any external provider due to weather or for other reasons.
- The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform the Visit/Activity Leader as soon as possible of any changes before the start of the visit.

Yes/No



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Outdoor Ted Child Consent

Behaviour and conduct	
I understand that the participant must adhere to any code of conduct and behaviour set out by the Visit/Activity Leader, school, service or external provider.	Yes/No
Medical Information	
I understand that if the participant has an existing medical condition then their doctor should be fully informed of the nature of the visit or activity in order to give medical advice on participation.	Yes/No
Medication	
I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed. This may include sting cream such as Anthisan.	Yes/No
Medical Treatment	
I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities.	Yes/No
Please list any treatment you do NOT consent to so that medical authorities can be informed.	
Photographs and video recordings	
I consent to photographs and video recordings of the participant to be used by schools and services for teaching and coaching purposes and for use in marketing and publicity on social media. Children will NOT be individually named	Yes/No

Name of person giving consent _____

Relationship to participant _____

Signature _____

Date _____

To be signed by a parent/guardian/carer unless the participant is aged 16 years or older **and** is living independently, in which case they should sign it.

Please return this form to the person in the school organising this activity

If your child is on medication, it is your child and the schools responsibility to make sure that the medication is accessible at all times.