



OUTDOOR ACTIVITIES - OVERNIGHT (INDIVIDUAL AA)/OVERSEAS EXCURSIONS – PARENTAL/CARER AND PUPIL CONSENT

To be completed by parent/carer and pupil and thereafter returned to school/organisation. (Please use block capitals)

- 1 School/Organisation
- 2 For the attention of Mr/Mrs/Ms
- 3 Home Address
- 4 Excursion/ActivityP7 Teambuilding day – Monikie Park.....
- 5 Date(s) from to
- 6 Participant's full name
- 7 Date of Birth Current age years months

Medical Data/Additional Support Needs

8 Is your son/daughter allergic to any medication/substance? Yes No
 If YES please indicate allergy

9 Is your son/daughter currently taking medication? Yes No
 If YES please detail medication, dosage and frequency

Will medication be self-administered? Yes No

(Please ensure your son/daughter draws to the attention of the group leader any changes to above medication which will operate on location)

10 Name of Doctor

Surgery Address

Telephone contact no (STD)

11 Has your son/daughter received a Tetanus injection in the last 5 years? Yes No

12 Is your son/daughter prone to travel sickness? Yes No
 (If YES, please ensure you seek to provide medication appropriate to his/her needs)

13 Does your son/daughter have any medical or additional support needs which may affect his/her ability to participate in the excursion/activity? Yes No

If YES, please detail, e.g. epilepsy, incontinence, disability, behavioural difficulties, etc

14 Has your son/daughter suffered from any infectious/contagious disease within the last 3 months? Yes No

If YES, please specify

(Please advise the party leader if your son/daughter catches any infectious/contagious disease prior to the commencement of the activity).

15 Does your son/daughter wear spectacles? Yes No Contact Lenses? Yes No

16 Communication during excursion/activity

Emergency contact Mr/Mrs/Ms

Address

Telephone No Home (STD) Mobile

Telephone No Business (STD)

17 Swimming Ability (delete as appropriate)

My son/daughter is able to swim 50 metres (2 lengths of school pool) in deep water unaided.

My son/daughter is a non-swimmer.

18 Within the planned programme I do not consent to my son/daughter participating in the following activities (please detail).

.....

19 Declaration (*Delete **A** or **B** as appropriate)

***A** I consent to my son/daughter’s participation in the excursion and I acknowledge receipt of the activity information. I undertake to see that my son/daughter is provided with the required clothing/equipment and that the appropriate contribution is paid.

To the best of my knowledge my son/daughter is medically fit to participate in the activities involved. I undertake to notify the School/Organisation in the event of any relevant changes in fitness which may take place prior to the excursion.

I agree to my son/daughter receiving emergency medical/surgical/dental treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities present.

I have received information on the Council’s insurance cover and I understand the extent and limitations of the cover.

I have explained to my son/daughter the expected standards of behaviour for participation in an excursion and understand that if my son/daughter jeopardises their own safety or the safety of others through inappropriate behaviour, he/she may be removed from the excursion and any additional costs incurred as a result of his/her actions may be recovered from me.

***B** I do not wish my son/daughter to participate in the excursion.

The information you have provided [on this form] will be used by Angus Council (the “data controller” for the purposes of the Data Protection Act 1998) in order to process the Overnight / Overseas Excursions - Parental / Carer and Pupil Consent Form and for managing our database. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed.

Name Signed Date

Parent/Carer (please delete as appropriate)

Pupil Consent

I agree to:

Act sensibly and responsibly.

Ensure I do not take any unnecessary risks.

Conform to any instruction on matters of safety and good order given before and during the excursion.

Draw to the attention of the group leader any distress, concern or discomfort arising during, or resulting from the excursion.

I understand that if I jeopardise my own safety or the safety of others through inappropriate behaviour, I may be removed from the excursion. Any additional costs incurred as a result of my actions may be recovered from my parents/carers.

Name Signed Date

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE EXCURSION
A COPY SHOULD BE RETAINED BY ESTABLISHMENT CONTACT**