



Offsite & Medical Consent Form

Name of Establishment:	Redbridge Community School
Activity:	All Offsite Activities as Provided by RCS

Personal Details of Participant

First name:		Address Line 1:	
Surname:		Address Line 2:	
DOB:		Town/ City:	
Age:		Postcode:	
Mobile No:		Home No:	

Emergency contact must be contactable for the duration of the visit / activities

Emergency Contact 1		Emergency Contact 2	
First name:		First name:	
Surname:		Surname:	
Mobile No:		Mobile No:	
Work No:		Work No:	
Home No:		Home No:	

Medical Information (of Participant)

Dr Practice Name		Address Line 1:	
Doctor Name:		Address Line 2:	
Tel No:		Town/ City:	
NHS No (if known):		Postcode:	

Has the participant had or have any of the following? (Where 'YES', please give details below)

	Yes	No		Yes	No
Asthma or bronchitis			Allergies to any know medication		
Heart condition			Other allergies (material, food, animal, plasters		
Fits, fainting or blackouts			Other illness, disability or special needs		
Severe headaches			Travel sickness		
Diabetes			Sleepwalking		
Regular medication			If a residential, overnight care considerations		
Any Dietary Requirements:					

Is the participant receiving-

	Yes	No
Support and/or treatment for mental health from their counsellor or Doctor?		
Medical or surgical treatment of any kind from their Doctor or hospital?		
Has the participant been given specific medical advice to follow in emergencies?		
<i>If the answer to any of these questions is 'YES', then please give details below (including name and dosage of any medicines/ tablets)</i>		
If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered?		
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?		
Has the participant received vaccination against Tetanus in the last 10 years?		

Additional Consent, Medical or Special Needs Information *(Add additional sheets if required)*

Consent for programmed water sports and water related activities

(eg: kayak, canoe, sail, windsurf, rafting, etc.; or activities involving water eg: caving, gorge walking)

Please tick **ONE** of the boxes below as appropriate to confirm the water confidence and swimming capability of your child.

Ticking one of the four options below **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Provider by the school to allow appropriate adjustments or operating procedures for inclusive participation

If the planned water activities require a specific swim distance and or competence to take part, this should be clearly communicated to you the parents/guardians and participants.

If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space below.

- | | | | |
|--|--------------------------|---|--------------------------|
| I confirm my child can swim 50m and is water confident | <input type="checkbox"/> | I confirm my child is water confident and can swim, but I'm not sure how far. They have been in a pool or other water and can submerge their head without becoming distressed | <input type="checkbox"/> |
| I confirm my child can swim 25m and is water confident | <input type="checkbox"/> | I confirm my child is a non-swimmer, and/or may not be confident in the water | <input type="checkbox"/> |

Consent for the Visit

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).**

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 anesthetics. 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.

<i>Signed & Print:</i>		<i>Date:</i>	
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Signed by person with parental responsibility for participants under 18 years of age

<i>Signed & Print:</i>		<i>Date:</i>	
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Signed by participant if aged 18yrs and over

We sometimes take photographs and video footage of pupils at Redbridge for legitimate reasons so that we can promote individual excellence and the work of the school. We use these photos to help us to give people an idea of what life at our school is like, for example in the newsletter, school website and across our social networking platforms. Please tick the relevant box(es) below:

Use of photos & videos	Tick (✓)
I am happy for photos and videos to be taken of my child for what the school would deem as legitimate interests.	
I am happy for photos of my child to be used in both printed and electronic school materials EG school prospectus, newsletters, website and social media platforms	
I am NOT happy for the school to take or use photos or videos of my child.	

GDPR Statement

By signing this form, I confirm my agreement to RCS 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, other than in the event of an accident/ incident, in line with 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

