

Fitrah SIPS Education visit information and consent form

Personal details

Full name of participant.....Class.....
Date of birth..... Age..... Tick if over 18 Male / Female
Address.....
.....Postcode

Next of kin during activity.....
Address if different from above.....

Contact no :
Home.....Work.....Mobile.....

Name and address of participant's doctor

Tel: no: NHS no (if known).....

Consent for the visit / venture

The visit/venture to **local places including Hampshire and the IOW.** I confirm that I have parental responsibility for.....He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the letter dated.....**2017/18**...I consent him/her taking part in the programme detailed in the letter. in the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed.....Please print

Any additional information required.....

Educational visit information and medical form

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No
Epi pen	Yes	No	Asthma	Yes	No

If the answer to any of these question is YES please give details.....

.....continue overleaf if necessary

If it is considered necessary, do you agree to mild painkillers (eg. Paracetamol) being administered..... Yes No

Has the participant receives vaccination against Tetanus in the last 10 years?..... Yes No

Is the participant receiving any medical or surgical treatment of any kind from their family doctor or hospital?..... Yes No

Has the participant been given specific advice to follow in emergencies?.....Yes No

If the answer to either of the last two questions is YES please give details

(including name & dosage of any medication/tablets):

In the event of any illness or medical treatment occurring after the return of this form and prior to activity, I undertake to inform the school.

Consent for taking images – during our visit/venture we are likely to take pictures and videos. We would like to use these in presentations, website, displays, booklets, newsletters or publicity. In the event of my child/me being taken

Please confirm below whether you would like your child's photograph/video to be used by the school in the above formats by ticking the appropriate boxes.

- I give permission for my child's images/videos to be used through school networks
- I do not give permission

Signed by(for participants under 18 years of age)

Person with parental responsibility

Please print name here.....

