



EV4a

Parent/carer consent for one-off or occasional educational visits
To be completed for participants under 18 years and distributed with an information sheet/letter giving full details of the visit.

Your Child's name:

Visit/activity:

Venue: Date(s):

School/Centre: Date of Birth:

MEDICAL AND DIETARY

a) Does your child have any medical condition that may affect him/her during the visit? **YES/NO**

If YES, please give details:

b) Please give details of any allergies:

c) Please give details of any special dietary requirements of your child:

d) Please detail any recent illness or accident suffered by your child that staff should be aware of?

e) Please list any type types of non-prescription medication or lotions your child **may not** be given:

f) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES/NO**

If YES, please give details:

h) When did your son/daughter last have a tetanus injection?

Water confidence/swimming ability

Please indicate your child's swimming ability:

- Cannot swim
- Able to swim a little in a swimming pool
- Able to swim confidently in a swimming pool
- Able to swim confidently outdoors (e.g. lake, river or sea)

Your contact details

Telephone: Home: Work: Mobile:

Home address:

Alternative emergency contact

Name: Telephone:

Address:

Family doctor

Name:

Address:

Declaration

- Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit and activities described.
- I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all rules and regulations governing the visit/activity.
- I understand the code of conduct for the visit and the sanctions that may be used if my child breaks this code of conduct. I have discussed the code of conduct and sanctions with my child.
- I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school/centre to refund any money.
- In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I understand Bridgend CBC may use activity images for promotional or publicity purposes.
- I understand the extent and limitations of the insurance cover provided.

FULL NAME OF PARENT OR GUARDIAN (print please):

SIGNED: _____

DATE:

TO BE COMPLETED BY PARTICIPANT:

I understand that for the safety of the group and myself, I will undertake to obey the rules and instructions of members of staff.

SIGNED: _____

DATE: