M1

St Joseph's Catholic Academy

Educational visit consent

This form must be completed and signed by a parent or guardian

Name of visit	DUKE OF EDINBURGH AWARD: **BRONZE** | **SILVER** | **GOLD**

Details of student (Complete in block capitals)

Surname		**Year**	7 8 9 10 11 12 13
Forenames		**House**	A1 A2 B1 B2
Date of birth			C1 C2 D1 D2
Sex			H1 H2 H3
Mobile number			H4 H5 H6
Home address		**Postcode**	

	Primary emergency contact (include relationship to student)	**Alternative emergency contact** (include relationship to student)	**Your doctor (GP)**
Name			
Address			
Tel no.			
Mob no.			

Does the student have any of the following? (Please answer the questions fully, honestly and give details overleaf)

Heart trouble, angina, raised blood pressure?	**Y/N**	Severe hearing / visual impairments?	**Y/N**
Asthma, bronchitis, tuberculosis or other lung condition?	**Y/N**	Bladder / urinary problems?	**Y/N**
Is the student overdue a tetanus injection?	**Y/N**	History of epilepsy, fainting attacks, migraines or has the student ever suffered a severe head injury?	**Y/N**
Diabetes?	**Y/N**	Has the student been treated by a doctor or in hospital within the last 2 years for anything other than a trivial complaint?	**Y/N**
Nervous illness, depression or other psychiatric condition?	**Y/N**	Is the student suffering from, or a carrier of, any infectious diseases or have they travelled from an area where they have been exposed to these?	**Y/N**
Allergy to foods [e.g. nuts, dairy produce, etc]? Please indicate which:	**Y/N**	Does the student have, or suffer from, any other diagnosed condition or is there anything else you wish us to know about?	**Y/N**
Other allergic reaction [e.g. hayfever, reaction to medicine or insect bites]? Please indicate which:	**Y/N**	Does the student have any special dietary requirements [e.g. vegetarian, vegan or halal]? Please indicate which:	**Y/N**
History of broken bones, muscle tears or tendon / ligament damage?	**Y/N**	If female, do you know or suspect that the student is pregnant? If so, state at what stage they will be when starting the trip:	**Y/N**
Stomach / digestive / abdominal problems?	**Y/N**	Is the student taking any medication? If so, please state the name of the medication and the dosage on the next page.	**Y/N**
Blood disorders?	**Y/N**	Are you happy for the student to receive some medication? Please delete any you DO NOT wish to receive: **allergy relief, paracetamol, travel sickness**	**Y/N**

Medical conditions
Please use the space below to detail any medical issues or conditions which have been highlighted in the questionnaire.

Medication
Outline the medication name, required dosage and frequency of any prescribed and over-the-counter medication. Continue on a separate sheet if you require more space. Any medication must be handed over to a member of staff in the original packaging.

Name of medication	Dosage & frequency taken

Is there anything else that you feel you may need to inform us of?

PLEASE NOTE: If there are any changes to the above, you must inform the school immediately. If, at the start of the educational visit, it is found that information has not been given correctly we reserve the right to refuse participation.

Photography permission During the Education Visit, St Joseph's Catholic Academy staff may take photographs or video clips to be used on social media, school website and marketing material. **Are you happy for photographs to be taken of the student and used in the manner outlined above?**	**Y/N**

I DECLARE THAT ALL ENROLMENT AND MEDICAL INFORMATION ON THIS FORM IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION.

I CONSENT TO THE ABOVE NAMED STUDENT PARTICIPATING IN THE EDUCATIONAL VISIT AND CONSENT TO THEM TAKING PART IN ALL ACTIVITIES. IN THE EVENT OF AN EMERGENCY AND ST JOSEPH'S CATHOLIC ACADEMY BEING UNABLE TO CONTACT ME, I GIVE PERMISSION FOR ANY MEDICAL TREATMENT DEEMED NECESSARY, TO MAINTAIN THEIR WELL-BEING.

Signature	
Print name	
Relationship to student	
Date	

This form is used to inform staff of any support needed and is only used in conjunction with activities associated with St Joseph's Catholic Academy and will be stored electronically in accordance with GDPR.