

Name: _____ Date of birth: ____/____/____
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**PARENT CONSENT FOR AN EDUCATIONAL VISIT**

To be distributed with an information sheet giving full details of the visit.  
Please complete this form in black ink.

DofE Gold Qualifying Expedition and Open Air Swimming as an additional activity.  
24<sup>th</sup> July 08.15 – 29<sup>th</sup> July 21.00

**Medical information about your child**

- a) Does your child have any conditions requiring medical treatment, including medication? YES/NO  
If YES, please give brief details:  
\_\_\_\_\_
- b) Please outline any food or other allergies and special dietary requirements of your daughter:  
\_\_\_\_\_
- c) Has your child had any recent illnesses or accidents that staff should be aware of?  
\_\_\_\_\_
- d) Please indicate the type of pain/flu relief medication your daughter may be given if necessary (delete as required):  
Paracetamol / Nurofen / Ibuprofen / Immodium or similar / Flu remedies / Travel sickness tablets / Other:  
\_\_\_\_\_
- e) Please supply any other relevant information here:  
\_\_\_\_\_

**For residential visits and exchanges only**

- f) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?  
YES/NO  
If YES, please give brief details:  
\_\_\_\_\_
- g) Is your daughter allergic to any medication? YES/NO  
If YES, please specify:  
\_\_\_\_\_
- h) When did your daughter last have a tetanus injection: \_\_\_\_\_

**For water based activities (e.g. swimming, sailing) only:**

- Is your child able to swim 25 metres in a pool? Yes / No
- Is your child able to swim 25 metres in open water? Yes / No
- Is your child confident about the proposed activity? Yes / No

Name of family doctor: \_\_\_\_\_

Tel. number: \_\_\_\_\_

Address: \_\_\_\_\_

**My contact details:**

Tel. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Alternative emergency contact during the visit and on-island – if necessary:**

\_\_\_\_\_ Name Telephone number:

Tel. home \_\_\_\_\_ mobile: \_\_\_\_\_ Tel.Home:

**Declaration**

1. I would like my daughter to take part in the above mentioned visit or activity and having read the information provided agree to her taking part in the activities described. I understand that the visit includes periods of remote supervision during which the students will stay in groups of not less than three that they will be given a clearly defined area beyond which they must not go, and that they must report back to a member of staff at a pre-arranged location every 45 minutes.
2. I agree to my daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I understand the extent and limitations of the insurance cover provided.
4. I consent to any emergency medical treatment required by my child during the course of the visit.
5. I confirm that my daughter is in good health and I consider her fit to participate.
6. I will inform the Visit Leader at departure of the trip of any changes to the medical information given on this form.

As part of the activities your daughter is involved in the Ladies' College may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use your daughter's photograph in this way? YES / NO

**Any changes or additions to this information between the date of completion of this form and the start of the activity must be given in writing to the Visit Leader.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_