Hampshire Outdoors
Skills & Participation

Medical and Consent Form
Name of Establishment: St. John's C of E Primary School
Visit: Stubbington Study Centre
Date/s: 11th – 13th January 2027

Personal Details of Participant

First Name: _____ Surname: _____ Mobile (if applicable)_____
Date of Birth: ___ /___ /___ Age: _____ Male / Female (delete as appropriate)
Address:_____

_____ Post Code: _____

Emergency contact must be contactable for the duration of the visit / activities
Emergency Contact – 1) Name: _____ Number: _____

Emergency Contact – 2) Name: _____ Number: _____

Any special dietary requirements? _____

Medical Information
Name and address of participant's Doctor: _____

Telephone Number: _____ NHS Number: _____

Has the participant had or have any of the following? ***Where 'YES', please give specific details overleaf.***

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

Is the participant receiving:

Support and/or treatment for mental health from their counsellor or Doctor?	Yes	No
Medical or surgical treatment of any kind from their Doctor or hospital?	Yes	No
Has the participant been given specific medical advice to follow in emergencies?	Yes	No

If the answer to any of these questions is Yes, please give details overleaf (including name, dosage of any medicines)

If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered?	Yes	No
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?	Yes	No
Has the participant received vaccination against Tetanus in the last 10 years?	Yes	No

Consent for programmed water sports and water related activities
(e.g. kayak, canoe, sail, windsurf, rafting, etc., or activities involving water e.g. caving, gorge walking)

Please tick **ONE** of the boxes below to confirm the water confidence and swimming capability of the participant.

Ticking either box **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Activities Provider to support any appropriate adjustments for inclusive participation.

☐ A) My child and or I am water confident and can swim (including can submerge head without becoming distressed).

☐ B) My child and or I am a non-swimmer and/or may be nervous in and around water.

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NB: If the planned water activities require a specific swim distance and or competence to take part, then this should be clearly communicated to the participants and or parent/guardian to gain this information. **If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space overleaf.**

Additional Medical, Support Needs Information for the planned visit: (Add additional sheets if required).

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 or above).

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 anaesthetics. 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.

_____ Print name here: _____
Signed by person with parental responsibility for participants under 18 years of age.

_____ Print name here: _____
Signed by participant if aged 18yrs and over.

Date: _____

Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.
Schools should already have Image Consent in place as part of their enrolment procedures.
All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpage- https://hants.sharepoint.com/sites/CESC/SitePages/Guidance-and-consent-forms.aspx?web=1

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment 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 for one year, other than in the event of an accident/ incident, in line with HCC / 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: www.hants.gov.uk/dataprotection

Hampshire County Council · Southampton City Council · Portsmouth City Council · Isle of Wight Council · West Berkshire Council