



NORTH YORKSHIRE COUNTY COUNCIL - CONSENT AND MEDICAL INFORMATION

FOR EDUCATIONAL OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES

Details of the visit or activity

Bikeability	
Location	
Date of visit/activity	
Nature of activities	On road cycle training
Venue/provider information	http://www.northyorks.gov.uk/article/25584/95-Alive

Transport

Meet at Venue (School)

Details of participant

Surname		Address	
Forename			
Date of birth		Postcode	
Gender			

Emergency contact telephone details

Name		Relationship	
Home Tel.			
Work Tel.		Alternative Contact	
Mobile Tel.			

Doctors Information

Doctor	Tel No.
Address	
<p>If the participant has a medical condition please discuss with your doctor and inform your Visit Leader before completing the form. This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medication is brought on the visit and that the Visit Leader is made aware of this in good time</p>	

Medical and Behavioural Information

Please answer Yes or No to each statement about the participant	Please delete
Has the participant had any serious illness within the last two months?	Yes/No
Is the participant recovering from an accident, injury or broken limb?	Yes/No
Does the participant have epilepsy, seizures, convulsions or absencing?	Yes/No
Diabetes?	Yes/No
Asthma?	Yes/No
Heart condition?	Yes/No
Any allergies, including historical reactions to medication?	Yes/No
Any medical including historical, behavioural or other condition which may have an impact?	Yes/No
Is the participant taking any medication?	Yes/No
If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit please give details here or attach further information.	

Has participant had a tetanus injection?	Yes/No/Unknown	Date if Known
Do you consider the participant to be medically fit?	Yes/No	

Medical Treatment during the visit or activity

Participants sometimes need treatment for minor conditions such as headaches, If the participant regularly uses non-prescribed medication please consult your Visit Leader beforehand

I give consent for the Visit Leader to make available previously used non-prescribed medication to the participant. I understand that I will be consulted by telephone before this takes place and that a record of dosage will be kept

YES/NO

Consent

I consent to the participant attending this educational off-site visit or activity provided by North Yorkshire County Council. I have received full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader

The information I have provided in this form is accurate at signing and I agree to NYCC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit.

I agree to the participant receiving medication as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. **(Please delete and initial any of the above you do not wish to give consent to).**

Name of Parent/Guardian/Carer		Signature	
Relationship to Participant		Date	

Consent to use images or photography

North Yorkshire County Council uses still and video images both for teaching purposes and for the purpose of producing publicity information both in hard copy and on-line on websites and social media. Collections of images may also be provided for groups at the end of visits as a memento. Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to a participant and will **NOT** identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

I give consent for North Yorkshire County Council to take, store, and use images of the participant for the purposes described below. Please delete

Images being used for memento purposes for all participants, being distributed on DVD, CD or through secure electronic systems. Yes/No

Images of the participant being used in publicity materials including on-line websites and social media. Yes/No

Name of Parent/Guardian/Carer Signature

Relationship to Participant Date

This form should be completed and signed by the Parent/Guardian/Carer and returned to school