



PARENTAL CONSENT & MEDICAL COMBINED – (CAT2A Form)

(Category 2 - residential visits, activities out of borough that carry a risk, outdoor and adventurous activities)

This form **MUST** be **FULLY COMPLETED** by the parent/guardian of **ANY** young person who wishes to take part in the visit/activity detailed below. All questions **MUST** be answered. Any questions which are not applicable should be marked **N/A**.

Visit/Activity details:	Organised by:
.....
.....
Start date:	Departure time:
End date:	Return Time:

Name of child/young person:(Male/Female)

D.O.B: Age.....

Home Address:

.....Postcode:

Name of parent/guardian (please print):

Address (if different from child):

.....Postcode:

Tel No. for use in emergency:	Alternative Tel No. for use in emergency:
Name:	Name:
Relationship:	Relationship:
a) Home:	a) Home:
b) Mobile:	b) Mobile:
c) Alternative:	c) Alternative:
<i>(Indicate times of day if relevant)</i>	<i>(Indicate times of day if relevant)</i>

1. Does your child have any condition or impairment that requires regular treatment?

Yes: No:

If YES, please continue overleaf, if NO go to question 3

2. What is the nature of their impairment?

Is there anything your child needs additional help or support with?

Please advise if there is any activity that your child is not able to participate in or you would not wish them to engage in?

Please give as much information as possible regarding your child's condition. The more information we have the better we can cater for their needs.

What services does your child access?

Speech & language therapy Yes: No:

Physiotherapy Yes: No:

Occupational therapy Yes: No:

Physical Impairment/Medical Inclusion Service Yes: No:

Hearing Impairment Service Yes: No:

Visual Impairment Service Yes: No:

For sports activities:

Are you aware whether your child has an individual risk assessment for PE & sport at school?

Yes: No:

If yes do you consent to us having a copy of the individual risk assessment Yes: No:

How does your child's condition affect their ability to participate in the activities on offer? Please give us as much information as possible. This will not prevent them taking part but will help us provide the best service we can appropriate to your child's needs.

Any additional information regarding your child you feel maybe useful:

3. Does your child require regular medication? Yes: No:

Please give details of any prescribed medication that may be required to be administered to your child on this activity. Medication **must** be provided in its original and prescribed packaging. If your child has asthma they must bring their blue inhaler with them:

** NB – it is the responsibility of the school/provision to ensure the needs of the young people are met - this includes the administration of prescribed medication.*

4. Does your child have a health care plan at their school/provision? Yes: No:

5. Is your child allergic or sensitive to penicillin or any other substance, which might be used in treatment?

Yes: No:

If YES, please give details:

6. Has your child been immunised against the following diseases?

POLIOMYELITIS

Yes: No:

Date given if known:

TETANUS (LOCKJAW)

Yes: No:

Date given if known:

7. Does your child usually suffer from travel sickness?

Yes: No:

8. Does your child have any special dietary needs, e.g. vegetarian, gluten free etc?

Yes: No:

If YES please give details:

9. If participating in water borne activities please complete the following if not go to question 10:

Is your child water confident?

Yes: No:

Can your child swim unaided?

Yes: No:

If so how far?

0 – 10 Metres

11 – 25 Metres

25+ Metres

10. Please describe any other relevant information you wish the accompanying staff to be aware of:

.....

11. At the end of the visit /trip my child will leave unaccompanied or be collected by:

.....

12. DECLARATION

I consent to my child participating in the activity. In the event of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I have noted where and when my child is to be released from the school/organisation and understand that I am responsible for my child getting home safely.

I undertake to advise the Group Leader with the minimum of delay, any change in circumstances referred to on this form between the date signed and the commencement of the trip.

Name of parent/guardian (please print):

Signature:

Address (if different from child):

.....

Postcode:Date:

The information you provide on this form will be used to administer the event and assist in maintaining the health and safety of your child whilst under the supervision of the Directorate of Children's Services/School/Centre. Personal and sensitive information will only be disclosed to others if the need arises, for example: to the medical profession Personal data supplied will be held and processed in accordance to the Data Protection Act 1998. It may also be used for the purposes of statistical analysis, management, planning and in the provision of services by the council.

To be completed by the school / centre

THIS FORM MUST BE RETURNED TO (Name of the Group Leader) :

ON OR BEFORE THE FOLLOWING DATE :