



Parental Consent for an Excursion
DEADLINE FOR RETURN (to School Office or electronically) –
FRIDAY 30 APRIL (15.40 hrs)

(to be distributed to parents with the 'Programme of Activities' and form 'Planning an Excursion')

Establishment/group:

2020 Intake; Bronze DofE Expeditions; Summer 2021

I would like (participant's name and date of birth)
 to take part in the excursion and having read the information provided agree to him/her taking part in the activities described.

I acknowledge the need for (participant's name) to behave responsibly.

1. Excursion to	D of E Bronze Expeditions.				1. Calliachar wind farm area	2. Amulree –
	Newton Bridge		3. Kinnaird – Griffin car park			
From	1. 15 May 2. 19 June 3. 20 June	Time:	1. 10.00 hrs 2. 09.00 hrs 3. 10.00 hrs	TO :	1. 15 May 2. 19 June 3. 20 June	Time:
						1. 16.00 hrs 2. 16.00 hrs 3. 16.00 hrs

2. Medical Information about your child

- a. Any conditions requiring medical treatment YES/NO
- b. Is your child under prescribed medication YES/NO

If YES, please give details including whether medication is self-administered or needs adult supervision:

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- c. Please outline any special dietary requirements of your child: N/A

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- d. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from any illness in the last four weeks? YES/NO

If YES, please give details:.....

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- e. Is your child allergic to any medication, food or animals? YES/NO

If YES, please give details:.....

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f. When did your child last have a tetanus injection? N/A

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Parents are asked to inform the Person in Charge of the excursion as soon as possible of any changes in the medical or other circumstances and before the commencement of the journey.

3. Swimming Ability N/A

❖ Is your child able to swim 50 metres? YES/NO

❖ Is your child confident in the water? YES/NO

❖ Is your child confident in the sea or in open inland water? YES/NO

If your child safety conscious in water? YES/NO

Declaration

I agree to my child receiving medication as advised under 'medical information' and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I confirm that my child is in good health and I consider him/her fit to participate.

Parent's signature Date:

Full Name (capitals).....

Parents' Contact telephone numbers:

Work: Home:

Home Address:

..... Postcode

Alternative emergency contact: - Relationship to Child:.....

Name: Tel.No.:

Home Address:

..... Postcode

Name of Family Doctor: Tel.No.:

Address:

..... Postcode

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE ON THE EXCURSION.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT.**