

Dean Field Studies Centre

DFCI: Confidential Medical Information & Consent Form

School Name: Swindon Village Primary School **Date of Visit:** 20/11/19 – 22/11/19

Student's Name _____ Male / Female D.o.B/...../..... Home Address _____ _____

Emergency Contacts for duration of Visit & relationship to child			
<u>Name</u>	<u>Daytime Tel</u>	<u>Evening Tel</u>	<u>Relationship</u>

Dietary Needs - please tick any that apply:

<input type="checkbox"/>	Vegetarian	<input type="checkbox"/>	Halal Diet	<input type="checkbox"/>	No Butter	<input type="checkbox"/>	Dairy Free	<input type="checkbox"/>	Gluten Free
<input type="checkbox"/>	Vegan	<input type="checkbox"/>	No Pork	<input type="checkbox"/>	No Egg	<input type="checkbox"/>	Soya	<input type="checkbox"/>	Nut Free
<input type="checkbox"/>	Eats Fish	<input type="checkbox"/>	No Beef	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Goats Milk	<input type="checkbox"/>	EPI PEN

Other:

Medical Information – please tick as appropriate

<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hayfever	<input type="checkbox"/>	ADD/ADHD
Immunisations up to date, including tetanus?									Is your child allergic to anything eg; plasters, Penicillin?
Can your child swim 25m? (Note: Buoyancy aids worn for all water activities)									
Is your child bringing medication (prescribed or over the counter)? <i>This must be clearly labelled and handed to school staff</i>									

Other/further information:

Doctor's Name & Address _____
 _____ Tel: _____

DFSC GDPR Privacy Notice

DFSC collects the information on this form to ensure the safety and wellbeing of course participants. We will not share the information with anyone - except in the event of an accident and the need for treatment. The information will be securely stored at the centre during the course and destroyed afterwards unless there has been an accident. In the event of an accident information provided on this form will be kept for the time required by the Limitation Act 1990 (i.e. 7 years for adults, until a young person reaches the age of 25, or for 99 years in the case of Looked After Children). If you wish to access the personal information that we hold you should contact DFSC.

Declaration:

1. I agree to my child participating in the visit/stay at the Dean Field Studies Centre and agree to them participating in adventurous activities that are led by suitably qualified leaders, and non-adventurous outdoor activities led by their school staff. (NB. Not all programmes include adventurous activities). I understand that, while all reasonable care is taken, there is a degree of inherent risk in any outdoor activity programme.
2. I understand the centre holds public liability insurance and that this may be supplemented by school trip insurance organised by the school/organisation.
3. I agree that my child is fit to participate in the activities to be undertaken, and understand that it is my responsibility to advise the Centre if my child has any physical or learning needs/difficulties which may affect safe participation.
4. I consent to school/DFSC staff providing treatment for minor injuries.
5. In the event of an accident/emergency I consent to school/DFSC staff seeking medical treatment, and consent to the data on this form being shared with medical authorities. I give permission for any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
6. In the event of an asthma attack I consent to the use of an Emergency Salbutamol inhaler provided by the Centre in the absence of my child's own inhaler.
7. I understand that my booking is my made with the school, not direct with DFSC. Costs, payments, additional insurance and cancellation terms & conditions will be determined by the school.
8. I am aware that if the behaviour of my child is considered by both Centre and visiting staff as unsustainable on a residential course of this nature, that I may be required to collect them or have them returned home at cost to myself.

Signed: **Date:**

Name: **Relationship to child:**

Any other information:

Have a look at our *BLOG* detailing developments at DFSC & our *You Tube* videos of activities:



<http://dfsc-bristol.blogspot.com/>



<https://www.youtube.com/playlist?list=PLRcs1uzc2EeHlppGhfpdvB0ZfiO0SvzRj>



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