# Dean Field Studies Centre DFCI: Confidential Medical Information & Consent Form

School Name: Swindon Village Primary School Date of Visit: 11/10/21 – 13/10/21

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>	Evening Tel	<u>Relationship</u>	
Doctor's Name & Address				

## Dietary Needs - please tick any that apply:

	Vegetarian	Halal Diet	No Butter	Dairy Free	Gluten Free
	Vegan	No Pork	No Egg	Soya	Nut Free
	Eats Fish	No Beef	Diabetic	Goats Milk	EPI PEN
Otł	ner:				

#### Medical Information – please tick as appropriate

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

Other/further information:

### **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, the information will be kept for the time required by the Limitation Act 1980 (i.e. 7 years for adults, until a young person reaches the age of 25, or 99 years in the case of Looked After Children). We follow the Data Protection, Freedom of Information & Privacy Policies of Bristol City Council which comply with current UK legislation. Contact DFSC for more details or to access the information that we hold.

#### **Declaration:**

I. I agree to my child participating in DFSC collects the information on this form to ensure the safety and wellbeing	of
course participants	

2. I understand the centre holds public liability i	nsurance and that this may	be supplemented by so	hool 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 Salbutomol 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.

Any other information:

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

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

You two https://www.youtube.com/playlist?list=PLRcs1uzc2EeHIppGhfpdvB0ZfiO0SvzRj



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