

Educational Visits Personal & Medical Information Form

CONFIDENTIAL

VISIT DETAILS

Description of Activity RESIDENTIAL TRIP TO BROAD HAVEN

Departure and Return Dates 19th May 2026 to 22nd May 2026

Venue Broad Haven, Pembrokeshire

INFORMATION FOR PARENTS/GUARDIANS/CARERS

Please complete the questions below and sign the consent. The personal and medical information requested is vital to ensure that appropriate care and support is available for each child. Please consult your family doctor if you are unsure about the suitability of a visit. Medical conditions will not necessarily exclude any child from participating in activities, but the school should be made aware of anything that might affect the safety/welfare of this child or others in the group.

PERSONAL DETAILS

Name of Child _____ Date of Birth _____

Address _____

Postcode _____

Parent(s)/Guardian(s) Name _____

Address (if different from above) _____

Telephone Numbers: Day _____

Evening _____

Mobile _____

Additional Emergency Contact: Name _____

Relationship _____

Telephone Number _____

DIETARY INFORMATION

If this child has any specific dietary needs (e.g. vegetarian), please give details here:

MEDICAL or SPECIAL NEEDS

Please provide all relevant information which will enable the Visit Leader to safely care for this child:

	Yes	No
Does this child have any significant allergies (including to medication)?	<input type="checkbox"/>	<input type="checkbox"/>
Does this child have any medical conditions, impairments, or disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Has this child had any recent significant illnesses or injuries?	<input type="checkbox"/>	<input type="checkbox"/>
If a residential visit, does this child have any night-time tendencies (e.g. sleepwalking, nightmares, bed-wetting) which might cause him/her concern?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is "yes" to any of the above questions, please give full details below (use an additional sheet if necessary):

PERSONAL MEDICATION

It is important that this child is accompanied by any medication necessary, and that leaders are fully informed. Please make sure that there is sufficient medication, and that it is clearly labelled.

Name of medication	Dosage	Time and Frequency or circumstances to be given	Method of Administration

Please state any special precautions, or side effects of medication (if applicable):

I give my consent for a member of staff to administer the above medication which I will deliver to the Visit Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.

I give my consent* for this child to self-administer the above medication. Yes No

To the best of your knowledge, has this child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?

Yes No

If yes, please give brief details:

Please inform the school should this child be in contact with any infectious illness in the four weeks prior to the visit departure date.

MINOR MEDICAL TREATMENT

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & colds, insect bites, etc. If necessary, with your permission, staff will treat these ailments with the following "off the shelf" products which are commonly available from most chemists:

Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, witch hazel, insect bite antihistamine, suncream.

Are you willing to allow for this child to be given such products, if required?

Yes No

EMERGENCY MEDICAL TREATMENT DURING VISITS

I consent to any emergency treatment necessary. I therefore authorise the Visit Leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary and if it has not been possible to contact me beforehand.

IF SWIMMING IS INCLUDED:

Do you give permission allowing your child to swim during this visit?

Yes No

PARENT/CARER DECLARATIONS

- **I am legally responsible for the care of the child mentioned above.**
- **I have listed all relevant medical or other conditions** concerning this child that might affect the duty of care expected during an educational visit.
- **I undertake** to inform the Visit Leader/Headteacher (in writing) of any changes in the medical or other circumstances of this child before the date of departure.

Signature Date

Please return to Mrs Phelps by Wednesday 25th March at the latest.

A copy of this form may be returned to parent/guardian by the school, once received and signed, if requested.