



Personal information and Parental Consent Form – CONFIDENTIAL

To be completed by the Visit Leader:

Please return to: Mark Keddie, Jim Tait, Andrew Roofe, Bernadette Keddie, Kirsty King, Izzy Ryan (Visit Leaders)

The Visit Leaders will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Independence16 (I16) will offer the opportunity for parents/carers to meet prior to the visit to discuss the activity, answer any questions and view detailed risk assessments.

List of activities to be undertaken during provision with I16.

Airsoft Games at the Dunton Centre, Ex RAF Great Massingham and RAF West Raynham. Night Surveillance exercise 21.30-23.59, Beach visit Holkham, Wells Next the Sea, Campfire at the Dunton Centre, MTB and Road Biking Activities.

Method of travel: Mini Bus/Car/Train/Bike/foot Seat belts fitted as standard – Yes

Preferred method of communication - Email/Post (delete as appropriate)

To be completed by Parent/Guardian (please use block capitals)

Young person's full name: _____ Date of birth: ____/____/____

Home address: _____

_____ Post code: _____

Main telephone No: _____ Mobile _____

Email Address _____

Name of parent(s)/carer(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/carer(s) and/or other contact persons:

(i) _____

_____ Tel. no. _____

(ii) _____

_____ Tel. no. _____

Doctor's Name: _____

Doctor's Tel. No: _____ National Health No. (if known): _____

Date of last known tetanus injection (if known):

Please give details of any recent illnesses:

Please give name and dosage of any medication(s) currently being taken:
Please tell us about any allergies, e.g., medicines, food, bee stings, etc.
Please tell us about any food not eaten for religious or health reasons:
Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, etc.
<ul style="list-style-type: none"> • I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described. • I understand that the staff responsible for the activities will take all reasonable care of participants. • I give / do not give * permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only) * please delete as appropriate <p>I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p> <p>Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.</p> <p>In event of an asthma attack:</p> <ol style="list-style-type: none"> 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate]. 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them every day. 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by I16 for such emergencies. <p>Signature of Parent / Carer: _____</p> <p>Signature of Participant: (over 18) _____</p>

This form must be completed for each member (including staff) of any group involved in any activity that includes absence from home overnight, visits abroad, and/or adventurous activities.

Copies to be carried securely by the Visit Leader.