

**Form 3: Parental Information & Medical Form**

<b>Establishment Name: Osmington Bay (PGL Adventure UK)</b>					
<b>DETAILS OF PROPOSED ACTIVITY</b>					
<p><b>Activity :</b> Residential Educational Experience: 3 days; 2 nights (Wednesday 30/6/2021 – Friday 2/7/2021)</p> <p>DAY TIME ACTIVITIES <b>TBC</b> but may include:: Aeroball (trampoline + volleyball); Mountain Biking; Abseiling; Beach Walk; Climbing; Archery; Buggy Building; Giant Swing. (all outdoor activities) EVENING ACTIVITIES <b>TBC</b> but may include: Quiz Show; Robot Wars (both indoor activities)</p>					
<p><b>Any additional information:</b> All activities led by qualified PGL staff. School staff accompanying children throughout the sessions.</p>					
<b>ACKNOWLEDGEMENT OF RISK &amp; EXPECTED CODE OF CONDUCT</b>					
<p>This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.</p> <p>To help with safety, all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given. If a participant is regarded as behaving unreasonably and putting their or the group's safety at risk, they may be sent home at your expense or excluded from future visits.</p> <p>Details of planning and risk assessment are available on request.</p>					
<b>CHILD OR YOUNG PERSON'S DETAILS</b>					
Full name:					
Date of birth:					
Home address:					
<b>MEDICAL / EMERGENCY CONTACT INFORMATION</b>					
In an emergency I can be contacted:	<table border="0"> <tr> <td>Email:</td> <td>Mobile:</td> </tr> <tr> <td>Home Tel:</td> <td>Work Tel:</td> </tr> </table>	Email:	Mobile:	Home Tel:	Work Tel:
Email:	Mobile:				
Home Tel:	Work Tel:				
If unavailable contact:	<table border="0"> <tr> <td>Email:</td> <td>Mobile:</td> </tr> <tr> <td>Home Tel:</td> <td>Work Tel:</td> </tr> </table>	Email:	Mobile:	Home Tel:	Work Tel:
Email:	Mobile:				
Home Tel:	Work Tel:				
Family doctor:	Name:				
	Surgery:				
Doctors Tel No:					

**Young Person/Child's Medical Information**

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your child safe.

Has the participant had any of the following?

Asthma or bronchitis	Yes	No
Heart condition	Yes	No
Fits, fainting or blackouts	Yes	No
Severe headaches	Yes	No
Diabetes	Yes	No
Allergies to any known medication	Yes	No
Other allergies e.g. food, plasters etc	Yes	No
Other illness or disability	Yes	No
Travel sickness	Yes	No
Regular medication	Yes	No

**If yes to any of these questions please give full details:**

If it is considered necessary do you agree to mild pain killers e.g. paracetamol and antihistamine cream being administered:  
 If it is considered necessary do you agree to a blood transfusion:  
 Has the participant received a tetanus vaccination in the last 10 years:  
 Is the participant receiving medical or surgical treatment currently:  
 Has the participant been given specific medical advice to follow in an emergency:

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

**If the answer to the last 2 questions is yes – please give details:**

**Other information**

Please provide any other information that may affect the safety of your son/daughter or any other persons and/or the organisation and success of the event

**MEDICAL CONSENT DECLARATION**

I, being the parent / guardian of the child/young person named at the head of this form, have received full details of the event.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

I understand the expected behaviour required during the visit and will talk to my child about it. I understand the possible consequences should my child breach the required conduct.

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.

**Print Name:**

**Relationship to child/young person:**

**Signature & Date:**

**DATA PROTECTION**

The Bournemouth Borough Council and Borough of Poole School is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent.

When you sign or complete this form you are providing your consent to the School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.