

BISHOP YOUNG CHURCH OF ENGLAND ACADEMY MEDICAL AND CONTACT INFORMATION FOR OFFSITE VISITS

Name of Student..... Trip

Destination.....

Year Group..... Form Group.....

DOB.....

1. Name, address and telephone number of family doctor

Name:	
Surgery Address:	
Telephone:	

2. Please give details of any medical conditions for your child.

3. Please give details of any allergies for your child.

4. Please give details of current medical treatment including medication. The Academy expects that normally parents will administer medication to their child. Any requests for medication to be administered must come from a parent or carer in writing on the Academy's Request to Administer Medication Form and each request will be considered on an individual basis.

5. Please give details of any specific dietary requirements for your child.

6. Please give details of any condition that may affect your child's ability to undertake sport or adventure activities?

7. Please give details of any specific needs/conditions that affect **overnight stays** e.g. sleepwalking, bed wetting

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8. Please give details of your child's **ability in water**. (*Please delete)

Is your child water confident in a swimming pool?	YES/NO*
Can your child swim 50 metres in a swimming pool?	YES/NO*
Has your child ever been in the sea?	YES/NO*
If yes, is your child water confident in the sea?	YES/NO*
Has your child ever been in open inland water (e.g. lake, river)?	YES/NO*
If yes, is your child water confident in inland open water?	YES/NO*
Please give details of any medical condition that may affect your child's ability to swim.	

9. Emergency Contact Information

First emergency contact and home address

Name:							
Address:							
Telephone:	Home		Mobile		Work		
Email Address:							

If above not available please contact:

Name:							
Address:							
Telephone:	Home		Mobile		Work		

I agree to my son/daughter taking part in the visit and agree to his/her participation in any or all of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part.

I will inform the Group Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit.

The Academy or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the Academy's negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority.

Signed..... (Parent/Carer)

Date.....

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