

BUSHCRAFT Y7 TRIP MEDICAL / CODE OF CONDUCT FORM

Please can both pages of this be completed and returned before the **31st July**

Name:	FORM TUTOR:	
	YES	NO
Has your child had any serious illness in the last two months?		
Is your child recovering from an accident, injury or fractured bone?		
Does your child suffer from any conditions requiring medical treatment including medication? (If yes, please request the 'administration of medication' form from the trip leader and hand the medication to the member of staff in charge of First Aid, on the day of departure.)		
Is there any medication that your child must carry for the duration of the visit eg. asthma inhalers, epipen? (If yes, please specify on the attached sheet. Please note if you child does not have this medication on the morning of departure then he/she will not be permitted to go on the visit. Please also note that if your child requires an inhaler or an epipen then spares must be provided before the visit.)		
Does your child suffer from any allergies? If yes, please indicate on 'Additional Information Sheet'		
To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last three months that may be or becoming contagious or infectious?		
Is your child allergic to any medication?		
Has your child received a tetanus injection in the last five years? (Date if known)		
Is there any other information that the leader needs to know to safely care for your child eg. night-time tendencies such as sleepwalking, nightmares, bed-wetting.		
Does your child suffer from travel sickness? (If yes, please fill in the enclosed 'administration of medication form' and hand the medication for the return journey to the group leader on the morning of departure.)		
Does your child have any dietary requirements?		
If the answer to any of these questions is <u>YES</u> please give further details on the 'Additional Information' sheet.		
Additional Information:		

MEDICAL TREATMENT DURING VISITS

Young people sometimes need minor medical treatment for conditions such as headaches, coughs and colds, insect bites etc. With your permissions, the staff will treat these ailments with “off the shelf” products from a chemist. For example, the following items are available: Paracetamol, Ibuprofen, throat lozenges, antiseptic cream, adhesive plasters, insect bite antihistamine.

	YES	NO
Are you happy for your child to be treated with “off the shelf” medication?		
Can your child take Paracetamol?		
Can your child take Ibuprofen?		

- Please list on the ‘Additional Information’ sheet if there is any medication that must **not** be given.
- Professional help would be sought for any more serious conditions and we will contact you by telephone.

PARENT/CARER DECLARATION

- I have listed any medical or other conditions concerning my child that might affect the duty of care expected during the off-site visit.
- I undertake to inform the Leader of any changes in the medical or other circumstances of my child before the departure date.
- In the event of any medical emergency, I give my consent to allow the accompanying staff to give first aid and any relevant medication or to permit any medical or hospital treatment to be administered to my child.
- I have received information about the programme and agree to my child taking part in all the activities unless otherwise stated.

Signature of parent/carer: _____

Name of parent/carer (*please print name*): _____ Date: _____

Emergency contact: _____

Emergency contact number _____

CODE OF CONDUCT AGREEMENT

To be signed by the parent/carer

I hereby give my consent to my child’s participation in the activities described.

My child understands the need to co-operate and behave appropriately on the visit. If my child disregards this, I understand that, in the event of a serious behavioural incident, it is possible that you may feel it necessary to send my child home or implement other appropriate sanctions. In the event of my child being sent home, I will be wholly responsible for the financial implications.

Signed: _____ Date: _____

Consent for photographs

I do*/do not * (delete as appropriate) give permission for my child to have his/her photograph taken. These may be used in school and shown to other members of staff and pupils. The photographs may also be used on the school website and as promotional material for future trips.

Signed: _____ Date: _____

To be signed by the pupil

I will respond to all staff in a positive and pleasant manner and follow all instructions given by staff.

I will participate in all aspects of the visit to the best of my ability.

Signed: _____ Date: _____