

FIFE COUNCIL EXCURSIONS
CONSENT / MEDICAL FORM

DATE RECEIVED

To be completed by all participants (or their Parent / Guardian in the case of those under 18 years of age) and returned to the Centre/ Establishment as indicated below and in the Excursion Information letter.
(PLEASE USE BLOCK CAPITALS)

IN THE EVENT OF AN EMERGENCY, IT IS IMPORTANT THAT THE LEADER OF THE EXCURSION HAS DETAILS ABOUT WHO IS TO BE CONTACTED. ALSO REQUIRED IS INFORMATION ABOUT ANY MEDICAL CONDITION WHICH COULD AFFECT THE TREATMENT OF THE PARTICIPANT.

ALL INFORMATION GIVEN WILL BE TREATED IN THE STRICTEST CONFIDENCE AND WILL NOT NECESSARILY PROHIBIT INCLUSION IN THE EXCURSION.

IT IS STRESSED THAT IT IS IN YOUR INTERESTS OR THOSE OF YOUR CHILD THAT FULL AND ACCURATE INFORMATION IS GIVEN.

CONSENT SHOULD BE GIVEN ON THE BASIS OF THE ACCOMPANYING INFORMATION PROVIDED BY THE EXCURSION LEADER AND AFTER HAVING READ AND UNDER STOOD THE DECLARATION STATEMENTS.

SECTION 1 – EXCURSION ORGANISERS

To be completed by excursion staff before issue to parents

Establishment: Balmerino PS	Address: Gauldry, DD6 9RP Tel. No: 01334 659450	Head: Lucy Jess
Group / Club P6/7	Excursion Leader:	Position: Class Teacher
Excursion Date(s): 11 th -15 th March 2023	Activity(s): PGL Residential Trip	Venue(s): Dalguise

SECTION 2 – PERSONAL DETAILS

ONE emergency contact is required for all day trips. **TWO** are required for all residential excursions

PARTICIPANT	COMMUNICATION DURING ACTIVITY IN CASE OF EMERGENCY (ICE) CONTACT (S)	
Full Name:	Family Contact: Mr/Mrs/Ms.....	Other Contact: Mr/Mrs/Ms.....
Address:	Relationship to participant:	Relationship to participant:
Telephone Number:	Address (if different from opposite)	Address:
Date of Birth:	Telephone Number: Home..... Work.....	Telephone Number: Home..... Work.....
Age:.....	Mobile.....	Mobile.....

PLEASE TURN OVER

SECTION 3 – PARTICIPANT MEDICAL DATA

Please complete ALL boxes: use "NONE" if applicable

Name of DOCTOR : Surgery Address Telephone Number:	Present TREATMENT by a GP or hospital. Please detail:	Present MEDICATION being taken. Please detail: MEDICATION DOSAGE and FREQUENCY
Any MEDICAL CONDITION that may affect the participant's ability to take part in the excursion and which should be known to a doctor before treatment e.g. epilepsy, asthma, angina, recent surgery/injury. Please detail:	Known ALLERGIES to Medicine e.g. Penicillin; Food e.g. Peanuts; Other e.g. Insect bites/stings etc. Please detail:	Any INFECTIOUS/ CONTAGIOUS DISEASES suffered by the participant or family in the last 3 months. Please detail:
Last TETANUS INJECTION (if known) Please detail:	Any special DIETS required: e.g. Vegetarian, diabetic Please detail:	Present SWIMMING ABILITY For water-based activities only Water confident..... YES / NO Able to swim 50 metres in deep water unaided..... YES / NO

SECTION 4 – CONSENT / ACKNOWLEDGEMENT

Complete ONE section only

To be completed by: PARENT/ GUARDIAN (Delete as appropriate) Participant is UNDER 18 years at the time of the excursion(s)	<ol style="list-style-type: none"> I consent to my son/daughter participating in the excursion(s) detailed above. I do NOT wish my son/daughter to take part in the following activities: I do NOT wish photos/videos of my son/daughter to be taken & used for publicity... Tick <input type="checkbox"/> I acknowledge receipt of information about the excursion(s). I am aware of, and accept, any risks involved and understand that procedures are in place to minimise them. I have received information about the insurance cover that is in place for the excursion(s) and understand the scope and limitations of it. I undertake to see that my son/daughter is provided with the requested clothing/equipment and that the appropriate excursion contribution is paid. I accept responsibility for any loss, damage or injury due to his/her misbehaviour and also for any additional costs, including travel, associated with such conduct. I declare that, to the best of my knowledge, my son/daughter is fit to participate in the activities involved and that the medical information given above is accurate. I undertake to notify the Centre/Organisation if that information changes in any way. Signed:..... Name:..... Date:..... BLOCK CAPITALS
To be completed by: PARTICIPANT Participant is 18 or OVER Participant is 16 or 17	<ol style="list-style-type: none"> I acknowledge receipt of information about the excursion(s). I am aware of, and accept, any risks involved and understand that procedures are in place to minimise them. I have received information about the insurance cover that is in place for the excursion(s) and understand the scope and limitations of it. I declare that, to the best of my knowledge, I am fit to participate in the activities involved and that the medical information given above is accurate. I undertake to notify the Centre/Organisation if that information changes in any way. Signed:..... Name:..... Date:..... BLOCK CAPITALS Signed:..... Name:..... Date:..... BLOCK CAPITALS