

Deanfield Outdoor Centre DFC I Confidential Medical Information & Consent Form

School Name:			Date of Vis	it: /
Student's Name			_ Male / Female D.o.	В/
Emergency Contacts	for duration of Visit	& relationship to child		
<u>Name</u>	<u>Daytime Tel</u>		vening Tel	<u>Relationship</u>
Doctor's Name & Addr	ess			
Dietary Needs - plea	se tick any that appl	y:		
Vegetarian	Halal Diet	No Butter	Dairy Free	Gluten Free
Vegan	No Pork	No Egg	Soya	Nut Free
Eats Fish	No Beef	Diabetic	Goats Milk	EPI PEN
Other:				
1				
Medical Information	– please tick as app	ropriate		
Epilepsy	Diabetes	Asthma	Hayfever	ADD/ADHD
Immunisations up to date, including tetanus?				Is your child allergic
Can your child swim 25m? (Note: Buoyancy aids worn for all water activities)				to anything eg; plasters, Penicillin?
Is your child bringing medication (prescribed or over the counter)? This must be clearly labelled and handed to school staff				
This must be cle	early labelied and hai	nded to school staff		
Other/further inforr	mation:			

DFSC GDPR Privacy Notice

DFSC collects the information on this form to ensure the safety and wellbeing of course participants. We will not share the information with anyone - except in the event of an accident and the need for treatment. The information will be securely stored at the centre during the course and destroyed afterwards unless there has been an accident. In the event of an accident, the information will be kept for the time required by the Limitation Act 1980 (i.e. 7 years for adults, until a young person reaches the age of 25, or 99 years in the case of Looked After Children). We follow the Data Protection, Freedom of Information & Privacy Policies of Bristol City Council which comply with current UK legislation. Contact DFSC for more details or to access the information that we hold.

Declaration:

- 1. I agree to my child participating in DFSC collects the information on this form to ensure the safety and wellbeing of course participants
- 2. I understand the centre holds public liability insurance and that this may be supplemented by school trip insurance organised by the school/organisation.
- 3. I agree that my child is fit to participate in the activities to be undertaken, and understand that it is my responsibility to advise the Centre if my child has any physical or learning needs/difficulties which may affect safe participation.
- 4. I consent to school/DFSC staff providing treatment for minor injuries.
- 5. In the event of an accident/emergency I consent to school/DFSC staff seeking medical treatment, and consent to the data on this form being shared with medical authorities. I give permission for any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- 6. In the event of an asthma attack I consent to the use of an Emergency Salbutomol inhaler provided by the Centre in the absence of my child's own inhaler.
- 7. I understand that my booking is my made with the school, not direct with DFSC. Costs, payments, additional insurance and cancellation terms & conditions will be determined by the school.
- 8. I am aware that if the behaviour of my child is considered by both Centre and visiting staff as unsustainable on a residential course of this nature, that I may be required to collect them or have them returned home at cost to myself.

Signed:		Date:
Name:	Relationship	to child:

Any other information:

Have a look at our BLOG detailing developments at DFSC & our You Tube videos of the centre & activities:



http://dfsc-bristol.blogspot.com/

https://www.youtube.com/playlist?list=PLRcs1uzc2EeHlppGhfpdvB0ZfiO0SvzRj





