

Agreement for Excursions

PORTOBELLO HIGH SCHOOL – SESSION 2014 - 2015

This excursion has been approved by the Excursions Co-ordinator on behalf of organising establishment

Excursion(s) to	<u>ALL SPORTING EVENTS</u>		
Date(s) from	<u>AUGUST 2014</u>	to	<u>JUNE 2015</u>

SECTION A – PARTICIPANT DETAILS

Participant’s Surname _____	Forename _____	Date of Birth _____
Address _____		

_____ Contact Telephone Number(s) _____		
Emergency Telephone Number(s) _____		

SECTION B – MEDICAL AND ADDITIONAL SUPPORT DETAILS (please circle as appropriate)

Name and Address of Family Doctor _____	

_____ Telephone Number _____	
1. Does the participant suffer from:	
a. Any allergies?	Yes/No
b. Travel sickness?	Yes/No
If yes, please give details _____	
2. Has the participant received a tetanus injection in the last five years?	Yes/No/Don’t Know

Please give date of last Tetanus injection if known _____	
3. If required, do you consent to the following being administered to the participant?:	
a. Paracetamol	Yes/No
b. Antihistamine Chlorphenamine (Piritone)	Yes/No
4. Medication	
a. Is the participant taking any medication?	Yes/No
b. Does he/she suffer from any medical condition?	Yes/No
If so please request an EE2B form from the school/establishment and complete and return as soon as possible.	

5. Does the participant have any Additional Support Needs, illness, injury or condition which might affect his/her participation? Yes/No

If yes, please give details on a supplementary sheet

EMERGENCY MEDICAL TREATMENT (THIS MUST BE SIGNED BY PARENT/CARER IF THE PARTICIPANT IS UNDER 18)

6. I agree to the participant receiving emergency dental, medical or surgical treatment **INCLUDING BLOOD TRANSFUSION**/anaesthetic, as considered necessary by the medical authorities present. I understand that The City of Edinburgh Council has in force a Public Liability Insurance Policy which caters for its activities as a public authority. There is no cover in force for Personal Accident. I understand reasonable attempt will be made to contact parents/carers before administering treatment. Yes/No

If yes, please sign _____ Date: _____

Any Parents/Carers with objections to the administration of blood products should contact the Head of Establishment for a EE2A Form

PLEASE NOTE ANY CHANGE IN MEDICAL CONDITIONS OR MEDICATION MUST BE NOTIFIED TO THE ESTABLISHMENT AS SOON AS POSSIBLE

SECTION C – ADDITIONAL INFORMATION (please tick as appropriate)

1. For water based activities. A non-swimmer Competent swimmer Excellent swimmer
Please tick the appropriate box in relation to the participant's swimming ability

2. Does the participant have any special dietary requirements? Yes No

If yes, give details _____

SECTION D – PHOTOGRAPHY/VIDEO CONSENT

THIS SECTION MUST BE COMPLETED BY A PARENT/CARER IF THE PARTICIPANT IS UNDER 18

1. In line with City of Edinburgh Council policy, it is normal practice for the Children and Families Service to take and use photographs and videos for promotional and funding/evaluation purposes. These may include print and online publications such as our Outdoor Centres or City of Edinburgh Council's website(s). If you **do not** wish your child to be photographed/filmed please tick this box
2. I give permission for the personal details of my child to be held on Children and Families databases. We may use these details to contact your child about future opportunities and related activities that we may think may be of interest to them. Yes No

I agree to the participant taking part in this excursion:

Date _____ Signed by Parent /Carer _____