

## Individual visit consent and medical information

<b>Offsite educational visit or adventurous activity form to be passed on to Mid York Expeditions</b>			
Visit/activity title	<i>DofE Expeditions</i>		
School / Group	<i>Year 12 Fulford</i>	Year of Expeditions	<i>2025</i>

<b>Personal details</b>			
Full name of participant	Gender	Age	Date of birth
Parents e-mail			

<b>Emergency contacts</b> (Please provide at least 2 contacts)			
Name	Relationship	Telephone numbers	

<b>Doctor's details</b>		
Name (if known)	Practice and village/town	Telephone number

<b>Medical and welfare information</b>			
Please let us know if any of the following are relevant for the participant – <b>please provide full details below</b>			
Recent serious illness	Yes/No	Asthma	Yes/No
Recent serious injury or broken limb	Yes/No	Allergies or historical reaction to medication	Yes/No
Epilepsy, seizures, convulsions or absenting	Yes/No	Taking any medication	Yes/No
Heart condition	Yes/No	Full tetanus vaccination	Yes/No
Diabetes	Yes/No	Any other medical, behavioural or diet issues	Yes/No

<b>Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during this visit or activity, or attach further documentation.</b>

**Please ensure that the participant has sufficient prescribed medication for the duration of the visit**

**Itinerary/programme**

<ul style="list-style-type: none"><li>I consent to the participant taking part in this offsite, educational visit or adventurous activity.</li><li>I have received full information about the itinerary and programme; I understand its nature and agree to the participant engaging in all the activities described which may include activities in or near water.</li><li>I understand that the programme may be changed by the Visit/Activity Leader in conjunction with any external provider due to weather or for other reasons.</li><li>The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform the Visit/Activity Leader as soon as possible of any changes before the start of the visit.</li></ul>	Yes/No
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**Behaviour and conduct**

<ul style="list-style-type: none"><li>I understand that the participant must adhere to any code of conduct and behaviour set out by the Visit/Activity Leader, school, service or external provider.</li></ul>	Yes/No
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**Medical information**

<ul style="list-style-type: none"><li>I understand that if the participant has an existing medical condition then their doctor should be fully informed of the nature of the visit or activity in order to give medical advice on participation.</li></ul>	Yes/No
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**Medication**

<ul style="list-style-type: none"><li>I understand that the Visit Leader may give the participant prescribed or non-prescribed medication for which I have already given written consent and that I will be informed.</li></ul>	Yes/No
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**Medical treatment** (delete those you do not consent to)

<ul style="list-style-type: none"><li>I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities.</li></ul>	Yes/No
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**Please list any treatment you do not consent to so that medical authorities can be informed**

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**Photographs and video recordings**

<ul style="list-style-type: none"><li>I consent to photographs and video recordings of the participant to be used by schools and services for teaching and coaching purposes and for use in marketing and publicity in line with relevant policies.</li></ul>	Yes/No
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**Further information**

<ul style="list-style-type: none"><li>I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies from the school or service.</li></ul>	Yes/No
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**Consent**

Name of person giving consent		Relationship to participant (or state 'self')	
Signature	 	Date	 

To be signed by a parent/guardian/carer unless the participant is aged 18 years or older and is living independently, in which case they should sign it.

DofE School    Fulford	DofE Year group:    Gold 2025
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**DofE level:**

<i>I Have you registered for any previous levels of the DofE? No <input type="checkbox"/> Yes <input type="checkbox"/></i>
<b><i>If YES – please give the name of the DofE Centre you were registered at: eDofE ID number (if known) :</i></b>

**Personal details:**

First name:	Last name:
Gender:	Date of Birth:        /        /
<b>PARENTAL EMAIL ADDRESS TO BE USED FOR FUTURE NOTIFICATIONS (or participant if 18 plus).</b>	

**Emergency contact details:**

Emergency Contact name(s):	Relationship to you:
Emergency contact telephone number(s):	

**Declaration:**

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system. I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at [www.eDofE.org](http://www.eDofE.org)

Print Name	Signature	Date
		/      /

**Consent to enrol from parent or guardian (if applicant is under 18 years old).**

I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by their DofE group, centre or Licensed Organisation.

Print Name	Signature	Date
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