

Section 1 April 2018 Version 1

This form is used to collect key personal data about participants attending the specific excursion/excursion programme detailed below. This data will be used in accordance with our public task (arranging safe excursions), and will, if necessary, be shared with other organisations involved in delivering the excursion (1.3). In the unlikely event of an emergency, it will also be used to provide relevant information to emergency services, including the NHS. This form will be kept securely and only accessed by authorised adults. It will normally be kept for three years in accordance with the Council's record retention rules. The Council has published a privacy notice, which includes information about your rights, at: <http://www.edinburgh.gov.uk/privacy>. More information about how personal data for excursions is handled can be requested via: excursions@edinburgh.gov.uk.

1.1 Name of Your School/Establishment:	James Gillespie's High School
1.2 Excursion/Excursion Programme Date(s):	<Notice to school/establishment: pre-insert info>
1.3 Excursion Provider(s) /Location(s):	<Notice to school/establishment: pre-insert info>

Section 2 Participant Details (the person attending the excursion/excursion programme)

2.1 Surname:		2.3 Gender:	
2.2 Forename(s):		2.4 Date of Birth:	
2.5 Address, including postcode:			

Section 3 Emergency Contact Information

	Name	Relationship to Participant	Emergency telephone number(s)
3.1 Contact 1			
3.2 Contact 2			
3.3 Contact Details of their General Practice (GP) Doctor (name, address and telephone number):	Telephone Number:		

Section 4 Healthcare and Medical Information (please circle and attach additional sheets if required)

4.1 Do they have an individual healthcare plan?	Yes / No	If yes, your school/establishment will liaise with the provider(s) about any relevant information.	
4.2 Do they have any allergies?	Yes / No	If yes, give details:	
If yes, will they need medication on the excursion?	Yes / No	If yes, complete/update the KICmed form - available from the school/establishment.	
4.3 Do they have asthma?	Yes / No	If yes, give details: If medication is required on the excursion(s), complete/update KICmed form.	
4.4 Do they experience travel sickness?	Yes / No	If yes, give details: If medication is required on the excursion(s), complete/update KICmed form.	

4.5 Have they had a tetanus injection?	Yes / No	If yes, select the stage/s:		
		Baby	Pre-school	Secondary School Booster
	Other information if the stages above do not apply:			
4.6 Do they have any past or present illness, injury or condition, which may affect their participation?	Yes / No	If yes, give details: If medication is required on the excursion, complete/update KICmed form.		
4.7 Are they taking any other medication?	Yes / No	If yes, give details: If medication is required on the excursion, complete/update KICmed form.		

Section 5 Additional Support Needs Information (please circle)

5.1 Do they have any additional support needs, which may require reasonable adjustments during the excursion/excursion programme? If yes, give details on an additional sheet and liaise with your school/establishment.	Yes / No
--	----------

Section 6 Additional Information (please circle or ignore 6.1 and/or 6.2 if not applicable)

6.1 Swimming (if you are unsure, please contact your school/establishment):	Non-swimmer	Intermediate (can swim a short distance and may lack some confidence)	Experienced (confident 50m +/Level 5)
6.2 Cycling:	Non-cyclist	Intermediate (able to ride a bike, mostly on tarmac in local area)	Experienced (frequent on-road and/or off-road cycling)
6.3 Do they have any dietary requirements?	Yes / No / NA	If yes, give details:	
6.4 Is there any other relevant information not included above, which may affect his/her participation in this excursion/excursion programme:	Yes / No	If yes, record on an additional sheet.	

Section 7 Consent (please circle and sign)

7.1 I agree to the participant taking part in the excursion/excursion programme described in Section 1 and additional information provided by the school/establishment and provider.			
7.2 I agree to the participant receiving emergency dental, medical or surgical treatment, including a blood transfusion and anaesthetic, as considered necessary by the medical authorities present. I understand reasonable attempts will be made to contact parents/carers before administering treatment. Any parents/carers with objections to the administration of blood products should contact their school/establishment for a KICbld Form .			Yes / No
7.3 RESIDENTIAL/OVERNIGHT EXCURSIONS ONLY: If required, do you consent to the following being administered to the participant? (<u>leave blank for day excursions</u>)			
Paracetamol for pain relief:	Yes / No	Antihistamine: Chlorphenamine e.g. Piriton:	Yes / No
7.4 Unless informed by your school/establishment, I acknowledge that there is no City of Edinburgh (CEC) Travel and Personal Accident insurance arranged. The City of Edinburgh Council has a Public Liability Insurance Policy which caters for its activities as a public authority. Third party providers are required to have suitable Public Liability Insurance.			
7.5 I declare the information I have provided is correct. I acknowledge I should inform the school/establishment as soon as possible about any changes to the information above which may affect their participation in the excursion(s).			
Signed by parent / legal carer or participant (when self-consent applies): Print name:		Date:	