 NORTH YORKSHIRE COUNCIL - **CONSENT AND MEDICAL INFORMATION**

FOR EDUCATIONAL OFF-SITE VISITS AND ADVENTUROUS ACTIVITIES

 **Details of the visit or activity**

|  |  |
| --- | --- |
| **Bikeability**  | National Standard Cycle Training |
| Location | Primary School and surrounding area |
| Date of visit/activity |  |
| Nature of activities | On road cycle training |
| Venue/provider information | http://www.northyorks.gov.uk/article/25584/95-Alive |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Transport** Meet at Venue (School) |  |  |  |
|  |  |  |  |

**Details of participant**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | ……………………………  | Address | **………………………………………………………** |
| Forename |  |  |
| Date of birth |  |  |
| Gender |  | Postcode |  |

**Emergency contact telephone details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | ……………………………………… | Relationship | **…..….…………………………..** |
| Home Tel. |  |  |  |
| Work Tel. |  | Alternative Contact |  |
| Mobile Tel. |  |  |  |

**Doctors Information**

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| --- |
| **Doctor…………………………………………………………………….Tel No. …………………………….** |
| **Address…………………………………………………………………** |
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| **If the participant has a medical condition, please discuss with your doctor and inform your Bikeability contact before completing the form.** This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medicationis brought on the visit and that the Visit Leader is made aware of this in good time. |

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**Medical and Behavioural Information**

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| --- | --- |
|  **Please answer Yes or No to each statement about the participant**  | Please delete  |
| Has the participant had any serious illness within the last two months?  | Yes/No  |
| Is the participant recovering from an accident, injury or broken limb?  | Yes/No  |
| Does the participant have epilepsy, seizures, convulsions or absenting?  | Yes/No  |
| Diabetes?  | Yes/No  |
| Asthma?  | Yes/No  |
| Heart condition?  | Yes/No  |
| Any allergies, including historical reactions to medication?  | Yes/No  |
| Any medical including historical, behavioural or other condition which may have an impact?  | Yes/No  |
| Is the participant taking any medication?  | Yes/No  |
| If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit, please give details here or attach further information.  |
| Has participant had a tetanus injection? |  Yes/No/Unknown | Date if Known |
| Do you consider the participant to be medically fit to take part in the training course? |  Yes/No |  |

**Medical Treatment during the visit or activity**

Participants sometimes need treatment for minor conditions such as headache and grazes. If the participant regularly uses non-prescribed medication, please consult your Visit Leader beforehand.

I give consent for the Visit Leader to administer Emergency First Aid treatment **YES/NO**

**Consent**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I consent to the participant attending this educational off-site visit or activity provided by North Yorkshire County Council. I have received full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader The information I have provided in this form is accurate at signing and I agree to NYCC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit. I agree to the participant receiving medication/treatment as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. (Please delete and initial any of the above you do not wish to give consent to).

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent/Guardian/Carer |  | Signature |  |
| Relationship to Participant |  | Date |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Consent to use images or photography.**North Yorkshire County Council uses still and video images both for teaching purposes and for the purpose of publicity information both in hard copy and electronic media. Collections of images may also be provided for groups at the end of visits as a memento. Such images will NOT be used for anything that may cause offence, embarrassment, or distress to a participant and will NOT identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

|  |  |
| --- | --- |
| I give consent for North Yorkshire County Council to take, store, and use images of the participant for the purposes described below.  | Please delete  |
| Images being used for memento purposes for all participants, being distributed on DVD, CD or through secure electronic systems*.*  | Yes/No  |
| Images of the participant being used in publicity materials including on-line websites and social media.  | Yes/No  |
| **Name of Parent/Guardian/Carer**  | **Signature**  |
| **Relationship to Participant**  | **Date**  |

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This form should be completed and signed by the Parent/Guardian/Carer and returned to school**COVID19 Delivery Protocols**.Instructors will comply with all current Government, NYCC and School guidelines, operating procedures and risk assessments. March 2022. |