

Section 1

April 2018 Version 1

This form is used to collect key personal data about participants attending excursions to The City of Edinburgh Council (CEC) **Benmore** or **Lagganlia** Outdoor Centres (residential); or those organised by CEC **Bangholm** Outdoor Centre staff (CEC Outdoor Learning Team). 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 (1.2). 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 CEC 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.

Photographs and video: The CEC centre may take photographs and/or video on this excursion. We will know if you have or have not given us permission to use photographs and video (Section 8).

1.1 Name of Your School/Establishment:	<Notice to school/establishment: pre-insert info>
1.2 CEC Provider/Centre: Non-CEC Provider(s) if applicable (providing additional provision via the CEC centre):	<Notice to school/establishment: pre-insert info>
1.3 Dates of Excursion:	<Notice to school/establishment: pre-insert info>

Section 2 Participant Details (the person attending the excursion)

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 participant's General Practice (GP) Doctor (name, address and telephone number):	Telephone Number:		

Section 4 Healthcare and Medical Information (please circle and use Section 9 for additional space)

4.1 Do they have an individual healthcare plan?	Yes / No	If yes, your school/establishment will liaise with the Centre about any relevant information.	
4.2 Do they have any allergies?	Yes / No	If yes, give details:	
If yes to 4.2, will they need medication on the excursions?	Yes / No	If yes, complete/update 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, complete/update KICmed form.	
4.4 Do they experience travel sickness?	Yes / No	If yes, give details: If medication is required on the excursion, 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? If yes, please give details on an additional sheet (Section 9) and liaise with your school/establishment.	Yes / No
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Section 6 Additional Information (please circle)

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 experience incontinence?	Yes / No	If yes, give details (use Section 9 if required):	
6.4 Each participant is encouraged to take part in a range of adventurous outdoor activities (listed via the information provided by the CEC centre and your school/establishment). Are there any activities you DO NOT wish them to do (please talk with your school/establishment first)?	Yes / No	If yes, please discuss any concerns with your school/establishment first. They can provide more information and listen to/support any concerns. If after these discussions, you do not want them to do certain activities, record these here:	
6.5 Do they have any dietary requirements?	Yes / No	If yes, give details:	
6.6 Is there any other relevant information not included above, which may affect his/her participation in this excursion:	Yes / No	If yes, give details:	

Section 7 General Consent (please circle and sign)			
Participant's name (from Section 1):			
7.1 I agree to the participant taking part in this excursion. I acknowledge the need for them to follow instructions and behave responsibly. I understand each centre reserves the right to require a person to 'return home' whose behaviour is dangerous to themselves or others. Centres cannot be held liable for any transport related costs and guardians are not entitled to a refund for all or part of the excursion.			
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 If required, do you consent to the following being administered to the participant?			
Paracetamol for pain relief: Yes / No		Antihistamine: chlorphenamine e.g. Piriton: Yes / No	
Sunscreen for protection from the sun (normally self-administered with their own product): Yes / No		Insect repellent, not a deet-based product (normally self-administered with their own product): Yes / No	
Asthma inhaler (for those who have been prescribed this drug) but have misplaced the inhaler: Yes / No / NA			
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 acknowledge that whilst centre staff make reasonable efforts to care for the safety of the participant and minimise risks, adventurous activities have a risk of personal injury. I accept these risks.			
7.6 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.			
Signed by parent / legal carer <u>or</u> participant (when self-consent applies): Print name:		Date:	

Section 8 Photograph and Video Consent (please circle and sign)				
In accordance with The City of Edinburgh Council policy, from time to time the Outdoor Learning Team would like to use photograph(s) and video(s) to celebrate achievements, promote our centres, and complete reports. We do this via the Council's websites, Council social media accounts and Council printed materials, documents and publications. More information on how we use, securely store, and delete photos and video can be requested via excursions@edinburgh.gov.uk .				
Please note: this consent will only relate to the use of photographs and videos by the Outdoor Learning Team. Consent for the use of photos and videos by your school/establishment on their own websites and social media is collected by them separately .				
Please let us know if you give the Outdoor Learning Team permission to use photographs and videos for the above purposes:				
8.1 The City of Edinburgh Experience Outdoors website:	Video	Yes / No	Photographs	Yes / No
8.2 The City of Edinburgh social media output:	Video	Yes / No	Photographs	Yes / No
8.3 The City of Edinburgh printed materials, documents and publications:			Photographs	Yes / No
Signed by parent / legal carer <u>or</u> participant (when self-consent applies): Print name:			Date:	

Please make sure you have signed Sections 7 and 8.

Section 9 Additional Information ONLY (any additional information from Sections 4, 5 and/or 6)

Participant's name (from Section 1):

Attached additional sheets if required (include participant's name on all sheets).