

Medical and Consent Form

Name of Establishment: Fair Oak Junior School

Activity: Residential

Venue: Stubbington Study Centre

Date: Mon 9th – Wed 11th February 2026

Personal Details of Participant

First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____ Age: _____ Male / Female (delete as appropriate)

Address: _____

Post code: _____ (we require more than one emergency contact number below)

Next of Kin – name of parent/carer and address during the activity. Name: _____

Address: _____

Contact Numbers – **Home:** _____ **Work:** _____ **Mobile:** _____

Any special **dietary** requirements: _____

Gluten free, coeliac, fussy eater, vegetarian, etc.

Medical Information

Name and address of participant's Doctor: _____

Telephone Number: _____ NHS Number (if known): _____

Has the participant had or have any of the following?

Where 'YES', please give specific details on overleaf.

Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters)	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

Is the child receiving -

Support and/or treatment for mental health from their counsellor or Doctor? Yes No

Medical or surgical treatment of any kind from their Doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to any of these questions is Yes, please give details overleaf (including name and dosage of any medicines/tablets)

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No

If it is considered necessary, do you consent to mild painkillers, junior paracetamol/Calpol being administered? Yes No

If it is considered necessary, do you consent to plasters/Elastoplast being used? Yes No

If it is considered necessary, do you consent to Optrex/eye wash to being used? Yes No

If it is considered necessary, do you consent for anti-allergenic medicine to be administered? Yes No

If it is considered necessary, do you consent for children's Strepsils (sore throat) to be administered? Yes No

If it is considered necessary, do you consent for children's cough medicine to be administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? (part of normal pre-school jabs) Yes No

I agree to the above medicines - for which a tick is given in the yes column – being used/administered as directed by the manufacturer's guidelines.

Signed: Date:

Please note that any medical information or illnesses not stated above or on the next form, that your son or daughter is suffering from, prior to the residential are to be written in a separate letter and handed into the office on the week of the residential.

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Date: Mon 9th – Wed 11th February 2026

Consent for the Visit to Stubbington Study Centre: Monday 9th February – Wednesday 11th February 2026

I confirm that I have parental responsibility for _____

He/she is in good health and I consent to him/her taking part in **ALL** activities set out in the visit information.

I am aware that the travel insurance synopsis is available for viewing in school / the Establishment.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any change to these details, illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

_____ Print name here: _____

Signed by person with parental responsibility for participants under 18 years of age.

_____ Print name here: _____

Signed by participant if aged 18yrs and over. Date: _____

Consent for taking images

During our visit we are likely to take pictures and videos. We would like to use these in presentations, displays or in booklets, newsletters or publicity. In the event of any images of my child being taken,

I consent to them being used for educational purposes at Fair Oak Junior School. Yes No

I consent to the images being used on the website/school social media. Yes No

Signed..... (person with parental responsibility)

Emergency treatment or hospitalisation

In the unlikely event of an emergency, it may be necessary for your child to receive either hospital treatment or treatment from a General Practitioner. I would like your consent that you will allow Mike Darby to act in loco parentis should your child have to make an emergency admission. You can rest assured that you will be informed as soon as possible should any treatment be necessary.

I/We agree to Mike Darby acting in Loco parentis should my child (name) need urgent treatment for injuries/illness, by a Medical Practitioner.

Signed: Date:

Additional Consent, Medical, dietary or Special Needs or other Information

.....

 Signature: Date:

GDPR Statement

By signing this form, I confirm my agreement to School / Establishment processing my / my child's personal data for the purpose of supervising and supporting my child on an educational visit. We do this to meet our professional responsibilities to look after you / your child.

This data may be shared with outdoor providers, doctors and other professionals to help us keep you / your child safe. This data will be retained for one year, other than in the event of an accident/ incident, in line with HCC / School Retention Policy.

You have some legal rights in respect of the personal information we collect from you.

Please see our website Data Protection page for further details: www.hants.gov.uk/dataprotection