

Agreement for Excursions

This excursion has been approved by the Excursions Co-ordinator on behalf of organising establishment

Excursion(s) to Various Outings with Buckstone Youth Club or Project
Date(s) from 25th September 2017 to 31st August 2018

SECTION A - PARTICIPANT DETAILS

Participant's Surname Forename Date of Birth
Address
Contact Telephone Number(s)
Emergency Telephone Number(s)

SECTION B - MEDICAL AND ADDITIONAL SUPPORT DETAILS (please circle as appropriate)

Name and Address of Family Doctor
Telephone Number
1. Does the participant suffer from:
a. Any allergies? Yes/No
b. Travel sickness? Yes/No
If yes, please give details
2. Has the participant received a tetanus injection in the last five years? Yes/No/Don't Know
Please give date of last Tetanus injection if known
3. Does the participant have any Additional Support Needs, illness, injury or condition which might affect his/her participation? Yes/No
If yes, please give details on a supplementary sheet
EMERGENCY MEDICAL TREATMENT (THIS MUST BE SIGNED BY PARENT/CARER IF THE PARTICIPANT IS UNDER 18)
4. I agree to the participant receiving emergency dental, medical or surgical treatment INCLUDING BLOOD TRANSFUSION/anaesthetic, as considered necessary by the medical authorities present. I understand that The City of Edinburgh Council has in force a Public Liability Insurance Policy which caters for its activities as a public authority. There is no cover in force for Personal Accident. I understand reasonable attempt will be made to contact parents/carers before administering treatment. Yes/No
If yes, please sign Date: PTO

Any Parents/Carers with objections to the administration of blood products should contact the Head of Establishment for a EE2A Form
PLEASE NOTE ANY CHANGE IN MEDICAL CONDITIONS OR MEDICATION MUST BE NOTIFIED TO THE ESTABLISHMENT AS SOON AS POSSIBLE

SECTION C - APPLICABLE FOR RESIDENTIALS ONLY (FOR EXAMPLE BENMORE OR LAGGANLIA OUTDOOR LEARNING CENTRES):

1. If required, do you consent to the following being administered to the participant?:
- a. Paracetamol Yes/No
- b. Antihistamine Chlorphenamine (Piritone) Yes/No
2. Medication
- a. Is the participant taking any medication? Yes/No
- b. Does he/she suffer from any medical condition?
If so please request an **EE2B form** from the school/establishment and complete and return as soon as possible.

SECTION D – ADDITIONAL INFORMATION (please tick as appropriate)

1. For water based activities. A non-swimmer Competent swimmer Excellent swimmer
Please tick the appropriate box in relation to the participant's swimming ability
2. Does the participant have any special dietary requirements? Yes No

If yes, give details

SECTION E – PHOTOGRAPHY/VIDEO CONSENT

THIS SECTION MUST BE COMPLETED BY A PARENT/CARER IF THE PARTICIPANT IS UNDER 18

In line with City of Edinburgh Council policy, it is normal practice for the Children and Families Service to take and use photographs and videos for promotional and funding/evaluation purposes. These may include print and online publications such as our Outdoor Centres or City of Edinburgh Council's website(s). If you **do not** wish your child to be photographed/filmed please tick this box

I agree to the participant taking part in this excursion:

Date _____ Signed by Parent/Carer _____