



## OFFSITE INFORMATION AND CONSENT FORM

**Please complete both sides**

**Personal Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (if under 18)

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_

Address of Next of Kin during the activity (if different from above):

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Contact Numbers:**

Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_

**Consent for the Visit:**

The visit to: \_\_\_\_\_ Date of visit: \_\_\_\_\_

- I confirm that I have parental responsibility for the participant named above.
- S/he is in good health and I consent to him/her taking part in the activities available
- In the event of illness or accident, I consent to any necessary medical treatment which may be required. I understand that this might include the use of anaesthetics.

**Medical Details:**

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, e.g. material, food, plasters	Yes	No
Fits, faints or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is "Yes", please give details:

\_\_\_\_\_  
\_\_\_\_\_

If it is considered necessary, do you agree to mild painkillers (e.g. Paracetamol) being administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family Doctor or hospital? Yes No

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

If the answer to either of the last two questions is "Yes", please give details here (including name and dosage of any medicines / tablets):

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In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

**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 our own booklets, newsletters or publicity.

In the event if any images of my child / me being taken, I consent to them being used for church purposes. Yes No

I consent to the images being used on the Alderholt Chapel website/Facebook page. Yes No

**Signatures:**

Signed: \_\_\_\_\_ (for participants under 18 years of age)  
[Parent / Person with Parental Responsibility]

\_\_\_\_\_ (for participants aged 18 years of age or over)  
[Participant]

Date: \_\_\_\_\_