

# GCSE Photography trip to York

## 12/10/2023

Please complete this form to express your child's interest in attending this trip, so that we have all the necessary information when the trip goes ahead. Thank you.

\* Required

1. Please enter your child's name to indicate that you give consent for them to participate in this visit \*

2. Student's date of birth \*



3. Name of emergency contact \*

4. Contact number of emergency contact(s) \*

5. Has your student got any anxieties, medical, or allergy conditions? If yes, please give details. \*

☐ Yes

☐ No

6. If yes, please give details

7. Participants sometimes need treatment for minor ailments. If deemed necessary, do you give permission for staff to treat minor ailments with over the counter products - paracetamol, antiseptic cream, calamine lotion, antiseptic wipes, insect bite antihistamine, sun cream, plasters? \*

☐ Yes

☐ No

8. If you have answered 'No' to the above question, please state clearly below which of the products you do NOT wish the participant to be given (or if other alternatives are acceptable or preferred instead)

9. Is the participant taking any prescribed medication? \*

☐ Yes

☐ No

10. If you have answered 'Yes' to the above question, please complete the section below stating the name of the medication, the dosage, the time and frequency, and the method of administration

11. Please select the appropriate answer for the participants prescribed medication

☐ I give my consent for a member of staff to administer the above medication which I will give to the visit leader before the visit, with clear labels and instructions. I understand that the staff on the visit are not qualified medical practitioners, but that they will take reasonable care in the administration of the medication.

☐ I give my consent for this participant to self-administer the above medication

12. Please state any dietary requirements \*

13. Please tick to indicate that your child is entitled to free school meals \*

☐ My child is entitled to free school meals

☐ N/A

14. Please indicate if you will be collecting your child from Doncaster train station \*

☐ I will collect my child from the station

☐ I have made alternative arrangements for my child to get home

15. Name of parent/guardian giving permission \*

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