

Medical and Consent Form
Name of Establishment: Vernham Dean Gillum's School
Swimming 2026

Personal Details of Participant

First Name: _____ Surname: _____
 Date of Birth: ___/___/___ Age: _____ Male / Female (delete as appropriate)
 Address: _____
 _____ Post Code: _____

Next of Kin – name and address during the activity (if different from above) _____

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

Any special dietary requirements: _____

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 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 participant 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 mild painkillers (Paracetamol) being administered? Yes No
 If it is considered necessary, do you consent to hypo-allergenic sun screen being provided? Yes No
 Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Consent for the Visit

I confirm that I have parental responsibility for _____

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the visit information and I am aware of the insurance synopsis 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 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.

Medical and Consent Form
Name of Establishment: Vernham Dean Gillum's School
Swimming 2026

Consent for Swimming

Please tick **one** of the boxes below to confirm the water capability of your child as appropriate:

My child is water competent (I confirm my child can swim 50 metres in a pool or sea)

My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)

My child is water confident (I confirm my child can swim 25 metres in a pool or sea)

My child is not water comfortable and **I do not** consent to their involvement in water sports

Any Additional Medical or Special Needs Information

Signature: _____ Date: _____

Image Consent

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our won booklet, newsletters or publicity.

Please Circle your answer

1. May we use your child's photograph in printed publications that we produce for promotional purposes or on project display boards?	Yes / No
2. May we use your child's image on our website?	Yes / No
3. May we record your child's image on video or webcam?	Yes / No
4. Are you happy for your child to appear in the media	Yes / No

_____ **Print name here:** _____

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