



This has been designed to help you when setting up your eDofE account.

Your name: _____ Date of Birth: ____/____/____

Address: _____ Postcode: _____

Email address: _____

Your emergency contact's name: _____

Their relationship to you (parent/guardian): _____

Their telephone number: _____

Volunteering section planned start date: ____/____/____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Volunteering section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Physical section planned start date: ____/____/____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Physical section assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Skills section planned start date: ____/____/____ for: **3** or **6** months? *(please circle)*

Type & details of activity: _____

Where are you going to do it: _____

List personal goals you want to achieve: _____

Your Skills section Assessor's name: _____

Their job/position: _____

Assessor's Email or phone number: _____

Your DofE Leader will advise you on what to put in the Expedition section.

Bishop Vesey's Grammar School

School Visit Consent and Emergency Information Form

This form must be completed by Parents/Carers. Failure to return the form will result in your child not being able to take part in the planned visit.

Name of Trip:
Date(s) of Trip:
Students Name: Form:
Home Address:
Home Telephone:
Parent/Carers Name(s):

Formal Consent

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures. I understand sanctions may be used if my son/daughter misbehaves on the trip. Details of these sanctions used are available on request.

I consent to my child taking part in all activities organised by the Staff in connection with the programme.

Signed: Date:

Please complete the following information only if it is relevant to the trip:

Water Activities (Please tick as appropriate if swimming activities are planned on the trip)

I am:-

Able to swim 50 metres Just water confident Do not wish to participate in any water activities

Diet Declaration (Please tick as appropriate if any meals have been arranged on the trip)

My diet is:-
All foods No meat or fish Other (please state below)

I require:
(continue on another sheet if necessary)

THE FOLLOWING INFORMATION WILL BE TREATED IN STRICT CONFIDENCE.

Emergency Contacts

Parent/Carer 1 - Name:
Contact Numbers: (Home) (Mobile)
Parent/Carer 2 - Name:
Contact Numbers: (Home) (Mobile)

Other Emergency Contact Numbers:

Relatives (R) or neighbours (N) (please delete as appropriate) that could help contact Parents/Carers quickly in case of emergency:

Name: (R or N) Phone No:
Name: (R or N) Phone No:
Name: (R or N) Phone No:

Medical Information

Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other (continue on another sheet if necessary):
..... None

Has your child had any surgery or hospital visits in the last 6 weeks? If yes please give details:
..... None

Is your child currently taking any medication? e.g. Antibiotics (please state all medication):
..... None

Is there anything else you would wish to bring to the Trip Leaders' attention? e.g. Travel sickness, incontinence, sleepwalker or any other special needs (continue on another sheet if necessary):
..... None Don't know

Date of your child's last Tetanus Inoculation:

Doctors Name: NHS No:

Surgery Address: Telephone No:

In the event of a medical emergency every possible effort will be made to contact you immediately. We request that you agree for your son/daughter to receive emergency medical treatment if the situation arises. It is important for you to understand that such a decision would be decided upon by the trip leader, or in serious cases, a medical professional. If you do not agree we would be grateful if you would discuss this matter with the Trip Leader.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE SCHOOL OF ANY CHANGES IN MEDICAL CIRCUMSTANCES PRIOR TO THE DEPARTURE

I consent to my son/daughter receiving medical treatment in the event of an emergency.

Signed: Date: