

**Consent form, Dietary Requirements and Medical Form for all Participants taking part in Visits or Activities Provided by Entrust Outdoor Education.**

All participants must complete this form. For all participants under 18, this form must be completed by a parent, guardian, or those with parental responsibility. **It must not be completed more than 14 days prior to the visit and given to the visit leaders who will bring it to the visit.**

**Please note:** This Form will cover all your DofE Expedition visits – it is your responsibility to update Entrust with any changes in your personal circumstances that will affect your answers on this form.

<b>Name of Participant</b>	<b>Date of Birth</b>		<b>eDofE Number and Centre</b>
<b>Participant's Address:</b>			<b>Home telephone Number</b>
<b>Parent/Guardian/Contact Name(s)</b>	<b>Relationship to participant</b>		<b>Contact numbers:</b>
			<b>Home:</b> <b>Work:</b> <b>Mobile</b>
<b>Participants Doctors Name</b>	<b>Address</b>		<b>Telephone</b>
<b>Does the participant suffer from any of the conditions below (Please tick YES or NO)</b>			
<b>Condition:</b>	<b>Yes</b>	<b>No</b>	<b>If Yes is ticked, please give details including medication taken</b>
<b>Asthma</b>			
<b>Epilepsy</b>			
<b>Diabetes</b>			
<b>Bedwetting</b>			
<b>Food Allergies</b>			
<b>Medication Allergies</b>			
<b>Other Allergies</b>			

Any condition which may be aggravated by physical activities			
Has the participant had suffered from or been in contact with any infectious or contagious conditions in the last 4 weeks?			
Any other information Entrust need to be made aware of?			
I consider myself to have a disability, please give more details:			
Please give the approximate date of the participant's last tetanus:			

Please ensure all medication that the participant may require during the visit is clearly labelled, with the participants name and dosage required and given to the school or DofE staff in charge of the participant throughout the visit. If inhalers are required please check they are full and provide a spare. If an EpiPen or similar medication is required please ensure 2 are supplied for the duration of the activity. If there participant is not confident to take the medication please let school/establishment staff know.

**By signing below I consent for the participant to receive, if necessary the appropriate medicines listed below at the dosage appropriate for their age:**

Ailment	Treatment
Nasal Congestion and Sore throats	Decongestant Lozenge (e.g Tunes)
Headache	Paracetamol, Calpol ( or equivalent)
Insect or plant bites or stings	Proprietary cream or spray
Sore Lips	Lip Salve or vaseline
Sun Protection	Sun Screen/cream
Asthma	Ventolin Inhaler if participants own has run out. This will only be given if YES for Asthma is ticked

**By signing below I agree to the participant receiving medication as instructed and any medical, dental or surgical treatment including blood transfusion and anaesthetic as considered necessary by the medical authorities.**

**Occasionally Photographs are taken of participants undertaking activities for use in our publicity material, Entrust Website or on our Social Media sites. Please tick the box to confirm that  photographs of the participant named on this form may be used for these purposes.**

**I accept that if the participant named on this form does not behave responsibly within the guidance given by the Entrust DofE Staff, they may me asked to leave the centre/expedition. It is my responsibility to make immediate arrangements for them to return home and pay any costs incurred.**

**I understand the nature of the activities the participant will be undertaking and I consent to the participant named in this form to undertake activities provided by Entrust Outdoor Education. I declare I have answered all the questions to the best of my ability and have not knowingly withheld any information regarding the physical fitness or health of the participant.**

**I understand that the participant is taking part in a DofE Expedition. The participant will adhere to the expected standard of behaviour throughout the Expedition. I understand that the Expedition is a strenuous activity and a certain level of fitness is required by the participant. I understand that there will be period of time that the participant will not be directly supervised by a member of the DofE Staff Team.**

Signature ( Person with Parental Responsibility if participant under 18)	Print Name	Date

**The data provided will be used to ensure the appropriate care and treatment of participants. It will be shared with health professionals as required.**