

Section 1 July 2019 Version 2

This form is used to collect key personal data about participants attending routine and extended excursions detailed below and organised by a school or other Council establishment throughout the year. This data will be used in accordance with our public task (arranging safe excursions), and will, if necessary, be shared with other organisations involved in delivering the excursions. In the unlikely event of an emergency, it will also be used to provide relevant information to emergency services, including the NHS. This form will be kept securely and only accessed by CEC authorised adults. It will normally be kept for three years in accordance with the Council's record retention rules. The Council has published a privacy notice, which includes information about your rights, at: <http://www.edinburgh.gov.uk/privacy>. More information about how personal data for excursions is handled can be requested via: excursions@edinburgh.gov.uk. **Please complete form using a PEN (not a pencil).**

1.1 Name of Your School/Establishment:	Wider Achievement & Lifelong Learning – Queensferry Youth Café and/or Queensferry Open All Hours
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1.2 Dates:	September 2024 to July 2025
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Category 1 (Routine and Expected) excursions are generally visits to **local** venues (within or close to the City); involve **easily managed** activities; happen on a **regular basis**; and are completed within **normal session times** e.g. normal school day. You may not necessarily be told every time the participant goes off-site for a Category 1 excursion.

1.3 Examples may include but not restricted to:	Local short trips
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Category 2 (Extended) excursions are generally visits **not** regarded as part of the normal regular activities of this establishment; may **extend beyond** normal hours but **not** overnight; and/or may **extend beyond** the City. No specialist adventurous activities or visits to more hazardous environments e.g. climbing, abseiling and kayaking are involved. You will be informed in advance about each excursion, including any specific information about the off-site activity.

1.4 Examples may include but not restricted to:	Longer Local Trips
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Section 2 Participant Details (the person attending the excursions)

2.1 Surname:		2.3 Gender:	
2.2 Forename(s):		2.4 Date of Birth:	
2.5 Address, including postcode:			

Section 3 Emergency Contact Information

	Name	Relationship to Participant	Emergency telephone number(s)
3.1 Contact 1:			
3.2 Contact 2:			
3.3 Contact Details of their General Practice (GP) Doctor:	Name: Address: Telephone Number:		

Section 4 Healthcare and Medical Information (please circle and attach additional sheets if required)

4.1 Do they have an individual healthcare plan?	Yes / No	If yes, your school/establishment will liaise with the provider(s) about any relevant information.
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4.2 Do they have any allergies?	Yes / No	If yes, give details HERE:		
If yes to 4.2, will they need medication on excursions?		Yes / No	If yes, complete KICmed form, which is available from the school/establishment.	
4.3 Do they have asthma?	Yes / No	If yes, give details HERE: If medication is required on the excursions, complete KICmed form – contact school/establishment.		
4.4 Do they experience travel sickness?	Yes / No	If yes, give details HERE: If medication is required on the excursions, complete KICmed form – contact school/establishment.		
4.5 Have they had a tetanus injection?	Yes / No	If yes, select the stage/s:		
		Baby	Pre-school	Secondary School Booster
Other information if the stages above do not apply:				
4.6 Do they have any past or present illness, injury or condition, which may affect their participation?	Yes / No	If yes, give details HERE or attach additional sheets: If medication is required on the excursions, complete KICmed form – contact school/establishment.		
4.7 Are they taking any other medication?	Yes / No	If yes, please give details HERE: If medication is required on the excursions, complete KICmed form – contact school/establishment.		

Section 5 Additional Support Needs Information (please circle and attach additional sheets if required)

5.1 Do they have any additional support needs, which may require reasonable adjustments during an excursion? If yes, please give details and liaise with your school/establishment.	Yes / No
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Section 6 Additional Information (please circle and attach additional sheets if required)

6.1 Swimming (if you are unsure, please contact your school/establishment):	Non-swimmer	Intermediate (can swim a short distance, up to 50m, and may lack some confidence)	Experienced (confident 50m +/Level 5)
6.2 Cycling :	Non-cyclist	Intermediate (able to ride a bike, mostly on tarmac in local area)	Experienced (frequent on-road and/or off-road cycling)
6.3 Do they have any dietary requirements (for day excursions where food is provided)?	Yes / No / NA	If yes, give details HERE:	
IMPORTANT: Anything Else?			
6.4 Is there any other relevant information not included above, which may affect his/her participation in the excursions described in Section 1:	Yes / No	If yes, record on an additional sheet and speak to relevant staff. If you are not sure, speak to relevant staff before completing this form.	

Section 7 Consent (please circle and sign)

7.1 I agree to the participant taking part in the type of excursions described in Section 1 and in additional information provided by the school/establishment.			
7.2 I agree to the participant receiving emergency dental, medical or surgical treatment, including a blood transfusion and anaesthetic, as considered necessary by the medical authorities present. I understand reasonable attempts will be made to contact parents/carers before administering treatment. Any parents/carers with objections to the administration of blood products should contact their school/establishment for a KICbld Form .			Yes / No
7.3 Unless informed by your school/establishment, I acknowledge that there is no City of Edinburgh (CEC) Travel and Personal Accident insurance arranged. The City of Edinburgh Council has a Public Liability Insurance Policy which caters for its activities as a public authority. Third party providers are required to have suitable Public Liability Insurance.			
7.4 I declare the information I have provided is correct. I acknowledge I should inform the school/establishment as soon as possible about any changes to the information above which may affect their participation in the excursions.			
Name of participant:			
Signed by parent / legal carer or participant (when self-consent applies):		Print name:	Date:
Have you attached any additional sheets (include participant's name on each sheet)?		Yes	How many sheets: / No

Religion observed:		Festivals Observed	
Home language:		Other Language spoken:	
Ethnic Origin: What best describes your child's ethnic origin:			

Additional Support Needs
Has your child any ASN? (Please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what reasonable adjustments do they/we need to take part in activities,
Anything Else
Is there any other information not included above, which may affect them taking part in the programme:

Media Consent	Please tick below if you
Agree to give my permission for my child to have their photos taken whilst taking part in activities within the programme.	
Agree that any media images including voice recordings can be used on different publicity sites which assist in the promotion of programmed activities.	
Agree that any media images including voice recordings can be used on an approved secure website and secure social networking sites. I understand that this will make the images available worldwide and not just in countries where UK law applies.	
Agree that any images and or recordings will be kept anonymously and will not usually be uploaded/printed with any other identifying details.	
Agree that all images and recordings will be used in an appropriate and professional manner and will be covered by the CECs policy on media images usage.	
Agree that if you decide that you no longer want images and or voice recordings to be used then you must contact the lead person and let us know in writing. We will remove the photograph(s) from the database.	

Declaration
I agree to the participant/myself taking part in the programme described in above. I also confirm that the information I have given on this form is correct and complete. I understand that it is my responsibility to make staff aware of any changes that may occur.
I declare the information on this form to be correct to the best of my knowledge.
Signed