

**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](mailto:excursions@edinburgh.gov.uk). **Please complete form using a PEN (not a pencil).**

1.1 Name of Your School/Establishment: **St Andrew's Fox Covert RC Primary School EDINBURGH**

1.2 Dates: 17<sup>th</sup> AUGUST 2022- 30<sup>th</sup> June 2023

**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 churches including St John the Baptist and St Kentigern's
- local area including shops, library, Drumbrae hub, parks, Corstorphine Hill, playing fields
- cluster high schools and cluster primary schools
- swimming pool for curricular swimming
- inter-establishment sports fixtures at Sporting Venues

**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: Edinburgh Zoo, Edinburgh and Stirling Castles, Gorgie City Farm and other farm visits, Falkirk Wheel, Murrayfield Ice Rink, Dalkeith Country Park

**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 <b>General Practice (GP) Doctor:</b>	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 <b>KICmed</b> 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 <b>KICmed</b> 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 <b>KICmed</b> 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 <b>KICmed</b> 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 <b>KICmed</b> 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 <b>Swimming</b> (if you are unsure, please contact your school/establishment):	<b>Non-swimmer</b>	<b>Intermediate</b> (can swim a short distance, up to 50m, and may lack some confidence)	<b>Experienced</b> (confident 50m +/Level 5)
6.2 <b>Cycling:</b>	<b>Non-cyclist</b>	<b>Intermediate</b> (able to ride a bike, mostly on tarmac in local area)	<b>Experienced</b> (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:
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### 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.
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### 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 <b>KICbld Form</b> .	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 <b>additional</b> sheets (include participant's name on each sheet)?		Yes	How many sheets: / No