  Emergency Medical Treatment – Exception Form

for *Communities and Families Excursions*

KICbld (formerly EE2a)

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| **Section 1** | | ***April 2018 Version 1*** |
| This form should be used for information and consent for ‘**medical treatment with the exception of the administration of blood or blood products**’. This form MUST be used if a parent / legal carer has answered ‘**NO**’ for statement 7.2 on the Key Information and Consent (KIC) forms. | | |
| 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). | | |
| 1.1 Name of Establishment: | | **<pre-insert school/establishment name>** |
| 1.2 Dates: | **<pre-insert the relevant dates and information or the year/period for KICannual>** | |
| 1.3 Excursion(s) information, including provider(s) if relevant: | **<pre-insert with relevant information e.g. individual excursions or to accompany periodic renewal e.g. annual renewal>** | |
| **Important:** please ensure you update your school/establishment as soon as possible with any changes to the key information and consent. | | |

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| **Section 2 Participant Details** | | | | | |
| 2.1 Surname: |  | 2.2 Forename(s): |  | 2.3 Date of Birth: |  |

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| **Section 3 Consent** | | | |
| I agree to my child/young person receiving emergency dental, medical or surgical treatment/anaesthetic, as considered necessary by the medical authorities present **with the exception of the administration of blood or blood products**.  I accept full legal responsibility for this decision and release the City of Edinburgh Council and its staff from any liability for any consequences resulting from my decision not to consent to the administration of blood or blood products.  My child/young person carries an advance medical directive document which informs the appropriate medical authorities accordingly.  I understand reasonable attempts will be made to contact parents/carers before administering treatment. | | | |
| Signed by parent / legal carer **or**  participant (when self-consent applies):  Print name: |  | Date: |  |

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| **Section 4 For School/Establishment Use Only** | | | |
| Signed by Excursions Coordinator:  Print name: |  | Date: |  |