Key Information and Consent Form

for *Children, Education and Justice Services Excursions*

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

KICcentres

## Section 1

***June 2024 Version***

This form is used to collect key personal data about participants attending excursions to The City of Edinburgh Council (CEC) **Benmore** or **Lagganlia** Outdoor Centres (residential); or those organised by CEC **Bangholm** Outdoor Centre staff (CEC Outdoor Learning Team). 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 excursion (1.2). 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).**

**Photographs and video:** The CEC centre may take photographs and/or video on this excursion. We will know if you have or have not given us permission to use photographs and video (Section 8).

| | |
|---|---|
| 1.1 Name of Your School/Establishment: | |
| 1.2 CEC Provider/Centre:<br>Non-CEC Provider(s) if applicable (providing additional provision via the CEC centre): | **Benmore Outdoor Centre** |
| 1.3 Dates of Excursion: | |

## Section 2 Participant Details (the person attending the excursion)

| | | | |
|---|---|---|---|
| 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 participant's **General Practice (GP) Doctor**: | Name:<br><br>Address:<br><br>Telephone Number: |

## Section 4 Healthcare and Medical Information (please circle and use Section 9 for additional space)

| | | |
|---|---|---|
| 4.1 Do they have an individual healthcare plan? | Yes / No | If yes, your school/establishment will liaise with the Centre about any relevant information. |
| 4.2 Do they have any allergies? | Yes / No | If yes, give details HERE: |
| If yes to 4.2, will they need medication on the excursions? | Yes / No | If yes, complete/update **KICmed** form - available from the school/establishment. |
| 4.3 Do they have asthma? | Yes / No | If yes, give details HERE:<br><br>If medication is required on the excursion, complete/update **KICmed** form. |
| 4.4 Do they experience travel sickness? | Yes / No | If yes, give details HERE:<br><br>If medication is required on the excursion, complete/update **KICmed** form. |
| **Participant's name** (from Section 2)**:** | | |

| | | | | |
|---|---|---|---|---|
| 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:<br><br>If medication is required on the excursion, complete/update **KICmed** form. | | |
| 4.7 Are they taking any other medication? | Yes / No | If yes, give details HERE:<br><br>If medication is required on the excursion, complete/update **KICmed** form. | | |

| **Section 5 Additional Support Needs Information** (please circle and use Section 9 for additional space) | |
|---|---|
| 5.1 Do they have any additional support needs, which may require reasonable adjustments during the excursion? **If yes, please give details and liaise with your school/establishment.** | Yes / No |

| **Section 6 Additional Information** (please circle and use Section 9 for additional space) | | | |
|---|---|---|---|
| 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 experience incontinence? | Yes / No | If yes, you must give details HERE and / or use Section 9 if required: | |
| 6.4 Each participant is encouraged to take part in a range of **adventurous outdoor activities** (listed via the information provided by the CEC centre and your school/establishment). Are there any activities you **DO NOT** wish them to do (please talk with your school/establishment first)? | | Yes / No | If yes, please discuss any concerns with your school/establishment first. They can provide more information and listen to/support any concerns. If after these discussions, you do not want them to do certain activities, record these here: |
| 6.5 Do they have any dietary requirements? | Yes / No | If yes, give details HERE: | |
| **IMPORTANT: Anything Else?** | | | |
| 6.6 Is there any other relevant information not included above, which may affect his/her participation in this excursion: | Yes / No | If yes, give details below and speak to relevant staff. If you are not sure, speak to relevant staff before completing this form. | |

| **Participant's name** (from Section 2)**:** | |
|---|---|

**Section 7 General Consent** (please circle and sign)

7.1 I agree to the participant taking part in this excursion. I acknowledge the need for them to follow instructions and behave responsibly. I understand each centre reserves the right to require a person to 'return home' whose behaviour is dangerous to themselves or others. Centres cannot be held liable for any transport related costs and guardians are not entitled to a refund for all or part of the excursion.

| | |
|---|---|
| 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.<br><br>Any parents/carers with objections to the administration of blood products should contact their school/establishment for a **KICbld Form**. | Yes / No |

7.3 If required, do you consent to the following being administered to the participant?

| | |
|---|---|
| Paracetamol for pain relief: Yes / No | Antihistamine: chlorphenamine e.g. Piriton: Yes / No |
| Sunscreen for protection from the sun (normally self-administered with their own product): Yes / No | Insect repellent, not a deet-based product (normally self-administered with their own product): Yes / No |

Asthma inhaler (for those who have been prescribed this drug) but have misplaced the inhaler: Yes / No / NA

7.4 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.

7.5 I acknowledge that whilst centre staff make reasonable efforts to care for the safety of the participant and minimise risks, adventurous activities have a risk of personal injury. I accept these risks.

7.6 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 excursion.

| | | | |
|---|---|---|---|
| Signed by parent / legal carer **or** participant (when self-consent applies): Print name: | | Date: | |

## **Section 8 Photography/Video/Audio Consent** (please follow the instructions below)

| | |
|---|---|
| 8.1 I am interested in giving photography / video / audio consent to the Council's Sport and Outdoor Learning Unit. | Yes (Please go to 8.2 below)<br>No (No further information required) |

8.2 **Photography/Video/Audio Consent**

This consent will only relate to the use of photographs, videos and audio by the Sport and Outdoor Learning Unit in relation to visits to Benmore and Lagganlia. Consent for the use of photos, videos and audio **by your school/establishment** may be collected by them **separately**.

The City of Edinburgh Council regularly uses photography, video and audio recordings to promote services and the city. These can be used in a wide range of ways such as:

- publicity materials, including printed publications and advertising;
- presentation and exhibition materials;
- websites, social media channels and digital communications; and
- giving to the media for use in their newspapers, publications, website and social media channels (includes print, television and radio media).

Under data protection laws, we need your permission to hold and use the photographs or video/audio recordings for our image/video/audio library. The laws also allow young people over the age of 12 years to consent for themselves if they are 'competent' i.e. they understand what we are asking them to give permission for. Alternatively, a parent/guardian can consent on their behalf.

Please complete the rows below.

| | |
|---|---|
| Title of photography/video/audio project: | Experience Outdoors / Sport and Outdoor Learning Unit – Residentials |
| Council project number: | Benmore and Lagganlia -Residentials |
| Date of photography/video/recording*: | |
| Your first name: | |
| Your surname: | |
| If consenting on behalf of young person, their first name: | |
| Their surname: | |
| We may need to contact you about your image/recording in future e.g. to recheck consent.<br><br>How would you like us to contact you?<br>Please give at least one contact option. | Telephone:<br><br>Email:<br><br>Address/postcode: |

**Your consent**

By signing this form, I declare that I am a competent person to give consent to The City of Edinburgh Council to publish, republish or otherwise transmit still and moving images and audio of me, or the young person named above, for the purposes described above.
I understand that:

- my information (including still or moving images and/or audio files and this consent form) will be stored electronically following with data protection guidelines;
- my information will be kept for seven years for adults or two years for children under 16 years unless I ask for it to be deleted. We will not use your information/images/files after this time without asking you first; and
- I have the right to withdraw this consent at any time by contacting the Sports and Outdoor Learning Unit - see contact details below.

We will…

- store your photographs/video/audio files;
- retain the photographs or video/audio recordings for seven years for adults or for two years for people aged under 18 years;
- only share your image/video/audio files with third parties that we have commissioned to carry out a project on our behalf e.g. an external designer producing a leaflet to promote Council services; and
- only use your email/address/telephone number to contact about your photographs or video/audio recordings and not for any other purpose.

We will not…

- supply your image/video/audio file for a third party to promote their own services/events; and
- not share them with any third parties.

**Your signature**

I am the person or am the parent/legal guardian of the child in the photograph(s), filming and/or recording.
I understand what you are asking me to agree to and give informed consent.

Signature: Date:

**Withdrawing consent**

If you wish to withdraw your consent at any time, email us excursions@edinburgh.gov.uk – or write to us: Sport and Outdoor Learning Unit, The City of Edinburgh Council, Waverley Court, Level 1, 4 East Market Street, Edinburgh EH8 8BG.

To find out more about our privacy policy visit our website www.edinburgh.gov.uk/privacy

**Please make sure you have signed Sections 7 and 8.**

| **Section 9 Additional Information ONLY** (any additional information from Sections 4, 5 and/or 6) | |
|---|---|
| **Participant's name** (from Section 2)**:** | |

**Attach additional sheets if required** (include participant's name on **all** sheets).

Number of additional attached sheets (not including this one):