Key Information and Consent Form

for *Children, Education and Justice Services Excursions*

THE CITY OF EDINBURGH COUNCIL

KICadult (SUPERVISING ADULT)

Section 1

June 2024 Version

For **supervising adults** attending Category 3 or Category 4 excursions. Use KICadult (ADULT PARTICIPANT) for adult participants who are not supervising others.

This form is used to collect key personal data about **supervising adults** attending the specific excursion/excursion programme detailed below. 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/excursion programme (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 for CEC Centres: 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 Provider(s):	**BENMORE OUTDOOR CENTRE**
1.3 Dates of Excursion:	

Section 2 Supervising Adult's Details (You)

2.1 Surname:			
2.2 Forename(s):		2.3 Date of Birth:	
2.4 Address:	Post code:	2.5 Are you the Group Leader?	Yes / No

Section 3 Emergency Contact Information

	Name	Relationship to You	Emergency telephone number(s)
3.1 Contact 1:			
3.2 Contact 2:			

3.3 Contact details of **General Practice (GP) Doctor** (name, address and telephone number):	Telephone Number:

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

4.1 Do you have any allergies?	Yes / No	If yes, you must give relevant details HERE:
4.2 Do you have asthma?	Yes / No	If yes, you must give relevant details HERE:
4.3 Have you had a tetanus injection?	Yes / No	If yes, you must give relevant details HERE:
4.4 Do you have any past or present illness, injury or condition, which may affect your participation?	Yes / No	If yes, you must give relevant details HERE:

Your Name (from Section 2)**:**	

Section 5 Additional Support Needs Information (please circle and use Section 9 if required)

5.1 Do you have any additional support needs, which may require reasonable adjustments during the excursion(s)? **If yes, please give details in Section 9 and liaise with your school/establishment.**	Yes / No

Section 6 Additional Information (please circle and use Section 9 if required) <u>Circle N/A (not applicable) if 6.1, 6.2, 6.3 and / or 6.4 are not relevant.</u>				
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)	N/A
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)	N/A

6.3 Supervising adults may take part in a range of **adventurous activities** (listed via your school/establishment). Are there any activities you **<u>DO NOT</u>** wish to do (please talk with your Group Leader(s), if applicable)?	Yes / No / NA	If yes, please discuss any concerns with your Group Leader(s) if applicable. They can provide more information and listen to/support any concerns. If after these discussions, you do not want to do certain activities, record these here:	
6.4 Do you have any dietary requirements?	Yes / No / NA	If yes, you must give relevant details HERE / use Section 9:	
IMPORTANT: Anything else?			
6.5 Is there any other relevant information not included above, which may affect your participation in the excursion(s):	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.	

Please turnover.

Section 7 General Consent and Acknowledgement (please circle and sign)		
Your Name (from Section 2)**:**		
7.1 I agree to receiving emergency dental, medical or surgical treatment, including a blood transfusion and anaesthetic, as considered necessary by the medical authorities present. If there are any objections to the administration of blood products, you should complete an adult version of the **KICbld Form** (available from excursions@edinburgh.gov.uk).		Yes / No
7.2 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.		
7.3 I understand my supervisory role and responsibilities for the excursion(s).		
7.4 I agree to the group/establishment and if relevant, a CEC Centre, sharing selected and appropriate information with a third party for ensuring my safety and wellbeing.		
7.5 For excursions involving adventurous activities: I acknowledge that whilst CEC centres / providers make reasonable efforts to care for my safety 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 Group Leader as soon as possible about any changes to the information above or any new information which may affect my participation in the excursion(s).		

Signed by supervisory adult: Print name:		Date:	

IMPORTANT: Only complete this section for visits to Lagganlia and Benmore, or those organised by Bangholm (CEC Outdoor Learning Centres).

Section 8 Photograph and Video Consent (please circle and sign)

8.1 In accordance with The City of Edinburgh Council policy, from time to time the Outdoor Learning Team would like to use photograph(s) and video(s) to celebrate achievements, promote our centres, and complete reports. We do this via the Council's websites, Council social media accounts and Council printed materials, documents and publications. More information on how we use, securely store, and delete photos and video can be requested via excursions@edinburgh.gov.uk.

Please let us know if you give the Outdoor Learning Team permission to use photographs and videos of you for the above purposes.

The City of Edinburgh Experience Outdoors website:	Video	Yes / No	Photographs	Yes / No
The City of Edinburgh social media output:	Video	Yes / No	Photographs	Yes / No
The City of Edinburgh printed materials, documents and publications:			Photographs	Yes / No

Signed by supervisory adult: Print name:		Date:	

Please make sure you have signed Sections 7 and if applicable, Section 8.

Section 9 Additional Information ONLY (any additional information from Sections 4, 5 an/or 6)

Your Name (from Section 2)**:**	

Attach additional sheets if required (include your name on all sheets).

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