



FORM OV 7B (CSF4259)

**SELF-CONSENT FORM FOR ADULTS
(or young people living independently)**

Establishment: Bonneygrove Primary School

To be completed by visit leader/organiser

Visit:	Kingfisher Nursing Home	
Visit Leader:	Mrs Goddard, Mrs Piyiotis	
Date of Visit:	From: 29 th April 2026	
Is a photograph of participant required:	Yes / No	

To be completed by participant.

(May be completed and signed digitally i.e. with an email address or scanned manuscript signature)

Full name:	Date of Birth:
Do you: <ul style="list-style-type: none"> • Have a medical condition requiring medical treatment or medication? Y/N • Have an allergy to certain medications? Y/N Please give details of medical condition/treatments or allergies to medications below:	
Have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N If yes, give details:	
Have you supplied details of your Inoculations record with this form? Y/N	
Do you have any special dietary requirements? Y/N If yes, give details:	
I wish to draw the following to the Visit Leader's attention (e.g. allergies, phobias, recent operations and treatments, conditions which may affect fitness to participate in certain activities):	

EMERGENCY CONTACT INFORMATION

Name: Relationship: Address: Telephone Numbers: Day: Evening: Other:	MAIN	ALTERNATIVE
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FAMILY DOCTOR DETAILS
Name: Address: Telephone Numbers: NHS Number (if known)

DECLARATION I have received and understood the details of the visit. I confirm that I am in good health and fit to participate in the activities described. I agree to receive medical treatment as considered necessary by the medical authorities present. I undertake to inform the visit organiser as soon as possible of any change in medical circumstances between the date signed and the commencement of the event.	
Signed:	Date:
Name in Capitals:	
Address:	
Postcode:	
Telephone No:	
Permission for use of image (optional) I do / do not* (<i>*delete as applicable</i>) give my permission for my image to be taken for use in educational or youth work promotional materials and displays when required, with or without using my name.	
Signed:	Date:
Where required, a passport sized photograph has been attached / provided (Yes / No / Not required)	

**The information on this form should be retained by the establishment's emergency contact.
This form or a copy may be taken by the visit leader on visits outside the UK**