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:	Miss Doyle/Mrs Patel	
Date of Visit:	From: 6th May 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: • Have a medical condition requiring medical treatment or medication? • Have an allergy to certain medications? Please give details of medical condition/treatments or allergies to medications below:	Y/N Y/N
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? If yes, give details: Have you supplied details of your Inoculations record with this form?	Y/N Y/N
Do you have any special dietary requirements? If yes, give details:	Y/N
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

	MAIN	ALTERNATIVE
Name: Relationship: Address: Telephone Numbers: Day: Evening: Other:		

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* *(*delete as applicable)* 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