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| <p><b>FORM OV 7B (CSF4259)</b></p> <p><b>SELF-CONSENT FORM FOR ADULTS</b><br/>(or young people living independently)</p> |
| <p><b>Establishment:</b> Bonneygrove Primary School</p>  |

**To be completed by visit leader/organiser**

|  |                                   |  |
|--|-----------------------------------|--|
| Visit:                                   | Southend On Sea                   |  |
| Visit Leader:                            | Mrs Goddard/Mrs Piyotis           |  |
| Date of Visit:                           | Tuesday 19 <sup>th</sup> May 2026 |  |
| Is a photograph of participant required: | Yes / <b>No</b>                   |  |

**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: |
| <p>Do you:</p> <ul style="list-style-type: none"> <li>• Have a medical condition requiring medical treatment or medication? Y/N</li> <li>• Have an allergy to certain medications? Y/N</li> </ul> <p>Please give details of medical condition/treatments or allergies to medications below:</p> |                |
| <p>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?<br/>If yes, give details:</p>   | Y/N            |
| <p>Have you supplied details of your Inoculations record with this form?</p>  | Y/N            |
| <p>Do you have any special dietary requirements?<br/>If yes, give details:</p>  | Y/N            |
| <p>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):</p>  |                |
| <br><br><br>  |                |

**EMERGENCY CONTACT INFORMATION**

|  |             |                    |
|--|-------------|--------------------|
| Name:<br>Relationship:<br><br>Address:<br><br><br>Telephone Numbers:    Day:<br>Evening:<br>Other: | <b>MAIN</b> | <b>ALTERNATIVE</b> |
|--|-------------|--------------------|

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| <b>FAMILY DOCTOR DETAILS</b>   |
| Name:<br>Address:<br><br><br>Telephone Numbers:<br>NHS Number (if known) |

|   |       |
|---|-------|
| <b>DECLARATION</b><br>I have received and understood the details of the visit.<br>I confirm that I am in good health and fit to participate in the activities described.<br>I agree to receive medical treatment as considered necessary by the medical authorities present.<br>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:   |       |
| <b>Permission for use of image (optional)</b><br>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**