EDINBVRGH

for Communities and Families Excursions

KICmed (formerly EE2b)

Section 1

April 2018 Version 1

You have indicated on the participant's KIC form that he/she will need to take medication or receive medical treatment while on an excursion/excursion programme. This form should be used for recording medication and medical treatment.

This form is used to collect key personal data about participants attending routine and extended excursions detailed below and organised by a school or other Council establishment throughout the year. 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 excursions. 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 the medication table below giving the name of each medication as it is written on the pharmacy label. If you want the participant to be responsible for taking and carrying their own medication (secondary school-aged pupils and older only), please sign the box as indicated for each medicine. Please make sure the medicine that is given to your school/establishment is in the container in which it was dispensed, clearly labelled with the contents, dosage and participant's name in full. Any liquids should normally be given in an unopened bottle.

1.1 Name of Your School/Establishment	:	Carrick Knowe Primary School					
1.2 Dates:	15 August 2018 – 1 September 2019						
may include but not restricted to: Local Art Carrick H		s Group Visits, Union Park, Carrick Knowe & Corstorphine Bowling Clubs, Edinburgh Zoo, ea Walks & visits to Amenities, Corstorphine Tennis Club, Local High Schools, Swimming, Knowe Parish Church, St Anne's Parish Church, Sports Tournaments, Risk Factory, Art The Hub, Pantomime, Edinburgh Castle, Money at the Mound, Museum of Scotland, ents					
Important: please ensure you update your school/establishment as soon as possible with any changes to the key information.							

Section 2 Participant' Details									
2.1 Surname:	2.2 Forename(s):	2.3 Date o	f						
		Birth:							

Section 3 Medical Condition and Medical Treatment Please provide details of your child/young person's medical condition and the treatment they will require:

3.1 Details of Medical Condition	3.2 Details of Medical Treatment

Section 4 Medication Details										
		4.1 Name of Medication / (if a different dose is given at another t separate box for each	ime please complete a	4.2 Dose	4.3 Time(s) to be given	school/est sign e particip responsil	ty supplied to ablishment or ach line if ant is to be ble for taking redication			
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I accept responsibility for ensuring that the details I have supplied are correct. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school/establishment for my child/young person's needs.										
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	partic	Signed by parent / legal carer or cipant (when self-consent applies):				Date:				
		Print name:								

Section 5 Recording form for staff only														
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