

MEDICAL DATA and PARENTAL CONSENT FORM (Under 18)
 (PLEASE COMPLETE IN BLOCK CAPITALS)

Course Venue and Date(s):

Full Name: **D.O.B**

Address:

.....

Name and contact address of **Next of Kin:** Name and contact address of **Doctor:**

.....

.....

Telephone Telephone

Any medical disabilities, treatment, medication, allergies or any other relevant information? (e.g. Must carry inhaler at all times, takes tablets daily, hay fever sufferer, contact lenses etc.)

.....

.....

Any special dietary requirements?

.....

I acknowledge receipt of, and understand all of the published information regarding the proposed activity / visit as outlined above and consent to the participation of:

--

I have ensured that my son / daughter understands the information for his / her safety and for the safety of the group, and that any rules and instructions given by staff are obeyed.

I undertake to inform the leader of any changes in his / her medical health or fitness prior to the date of departure / commencement of activity.

I am in agreement that those in charge may give permission, including written, for the participant mentioned above to receive medical / dental treatment in an emergency.

I do / do not wish to allow the taking of photographs of my son / daughter for publicity purposes.

Signed (Parent / Guardian): Date:

(Give relationship to participant if not parent)

I understand that for the groups and my own safety, I will undertake to obey the rules and instructions of members of staff

Signed (Under 18): Date: