

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:**

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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.)

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Any special dietary requirements?

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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.

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: