



PARENTAL CONSENT FORM/MEDICAL FITNESS

INFORMATION FOR PARENTS/GUARDIANS
 Please complete the questions below and sign the consent. The personal and medical information requested is to ensure that a proper duty of care is possible during off-site visit.

PERSONAL DETAILS				
PUPIL		PARENT/GUARDIAN INFORMATION		
Surname		Name		
First Name		Address		
Address				
Postcode		Postcode		
		Telephone Numbers		
Date of Birth		Day	Evening	Mobile
Doctor		Additional Emergency Contact		
Surgery Address		Name		
		Relationship		
		Address		
Telephone No		Telephone		

MEDICAL INFORMATION
 If your son/daughter has a medical condition of any sort please discuss with your family doctor before completing the form. Medical conditions would not normally exclude your son/daughter from participating in activities. It is important that your son/daughter is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.

QUESTIONS	Please Tick	
	Yes	No
Has your son/daughter had any serious illness in the last two months?		
Is your son/daughter recovering from an accident, injury or fractured bone?		
Does your son/daughter have:		
Epilepsy or convulsions		
Diabetes mellitus		
Asthma		
Heart Disease		
Any allergies		
Is your son/daughter on any medication? (if yes please give details below, including dosage and frequency)		
If the answer to any of these questions is yes please give details here:		
Has your son/daughter been inoculated against TETANUS?	Yes	No
Date of last injection if known:		
Do you consider your son/daughter to be medically fit now?	Yes	No

MEDICAL TREATMENT DURING VISITS

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, pulled muscles, coughs & colds, insect bites etc. With your permission the academy staff will treat these ailments with “off the shelf” products from a chemist. For example the following items are available: Paracetamol, muscle relaxant cream/spray, witch hazel, throat lozenges, petroleum jelly, cough mixture, antiseptic cream, calamine lotion, adhesive plasters, insect bite antihistamine.

Please indicate if you are willing for your son/daughter to be treated with “off the shelf” medication:	Yes	No
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NB: Professional help would be sought for any more serious conditions and we will contact you by telephone.

Please indicate if you are willing for your son/daughter to undergo emergency treatment from a doctor or hospital should this be necessary.	Yes	No
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Procedures to take in an emergency

I give my consent** for a member of staff to administer the above medication. I understand that the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.

I give my consent** for my son/daughter to self-administer the above medication.

*** delete if not applicable.*

DIETARY INFORMATION

Does your son/daughter have any individual dietary needs (including vegetarian foods)?
Please give details here:

SWIMMING ABILITY IN SWIMMING POOL CONDITIONS

Please tick

Some water sports activities are suitable for non-swimmers. Participation will often increase the confidence of a non-swimmer and his/her willingness to learn to swim.

Non Swimmer	
25 metres	
50 metres+	

Please indicate if you are willing for staff to make decisions related to your son/daughter’s participation in water sports.	Yes	No
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PARENT/GUARDIAN DECLARATION

I have listed any medical or other conditions concerning my son/daughter that might affect the duty of care expected during the off-site visit.

I undertake to inform the Visit Leader/Principal of any changes in the medical or other circumstances of my son/daughter before the date of departure.

I have received information about the programme and agree to his/her taking part in all the activities unless otherwise stated.

Signature of parent/carers _____ Date: _____

Name: _____

Relationship to participant: _____