

To be completed by the parent/adult responsible for a child/young person.

Child/Young Persons Full Name:

Date of Birth:

Does the above person:

• Have a medical condition requiring medical treatment or medication? Y/N

• Have an allergy to certain medications? Y/N

Is he/she able to administer his/her own medication? Y/N

Please give details of medical condition/treatments or allergies to medications below:

Has he/she received a tetanus injection in the last 5 years? Y/N

Does he/she have any special dietary requirements? Y/N

If yes, give details:

I wish to draw the following to the schools/centres attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):

EMERGENCY CONTACT INFORMATION

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers: Day:		
Evening:		
Other:		

FAMILY DOCTOR DETAILS	
Name:	
Address:	
Telephone Numbers:	
National Health Number:	

<p>DECLARATION: I understand that my child may leave the school premises for sports fixtures, when representing the establishment as part of a team, and local visits as outlined in the school prospectus, web site and hereby give my consent for my child to participate in such events.</p> <p>I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.</p> <p>I agree that (full name of child/young person) _____</p> <ul style="list-style-type: none"> • can participate in the visit and activities described; • can be transported in the private vehicles of staff/volunteers supervising the visit; • may be photographed whilst participating in the activities – Yes / No* • is in good health and fit to participate in the activities described; • can receive medical treatment as necessary. <p>I undertake to inform the school as soon as possible of any change in medical circumstances.</p> <p>I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.</p>	
Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	

The declaration on this form must be signed by someone with parental responsibility for the child/young person.