

**Outdoor & Environmental Education Service (Castleshaw Centre)**

**Medical information and Parental Consent Form**

In order for your child to participate it is essential that you read the information letter provided and complete and return this form supplying relevant information and your consent as Parent/Guardian.

Date(s) of trip \_\_\_\_\_  
 Participant's Name \_\_\_\_\_  
 School/Group \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_

**Contact details for parent/guardian**      **Name** \_\_\_\_\_  
 Work \_\_\_\_\_      Home \_\_\_\_\_

**Alternative emergency contact**      **Name** \_\_\_\_\_  
 Work \_\_\_\_\_      Home \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Name of family doctor \_\_\_\_\_  
 Telephone number \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**Medical information about your child**

Any conditions requiring medical treatment and or medication (e.g. Asthma, Hay fever, epilepsy, diabetes etc.). **Yes/No**  
 If **yes**, please give brief details \_\_\_\_\_  
 \_\_\_\_\_

Can any medication required be self-administered? **Yes/No**  
 (If medication cannot be self-administered, or if there are any other concerns about your child's medical condition, you will be contacted by the school to discuss in more detail how your child's participation in the trip will be managed and a separate letter will be sent to you to sign).

Please outline any special dietary requirements or food allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_

**If this is a residential trip** please provide additional information you consider helpful or important:

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To the best of your knowledge, has your daughter/son been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious.

**Yes/No**

If **yes**, please give brief details

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Is your son/daughter allergic to any medication or sun creams?

**Yes/No**

If **yes**, please give brief details

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When did your son/daughter last have a tetanus injection?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are there any activities in which your child may not participate

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**If this course involves water activities like canoeing please fill in this section.  
(The information letter attached will describe the activities involved in this visit.)**

Is your child confident in the water **with** a buoyancy aid?

**Yes/No**

(If you answer **no** to this your child **will not** be able to participate in water activities.)

During the course of the visit, staff may take photographs to display in the school, or at the centre, or to be put up on the centre web site so that they can be viewed as part of the follow-up after the course. Photographs may also be used for publicity purposes.

If you do not wish your child to be photographed on this occasion, or you do not want a photograph of your child to be used for any of the above purposes, please tick this box.

## **Declarations**

I agree to my daughter/son taking part in this trip and having read the information sheet agree to her/his participation in all or any of the activities described. I confirm that my child is not participating contrary to medical advice.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided (as outlined in the information letter for this trip), and understand that if I require additional insurance, I must arrange this myself.

I am aware of the danger of over exposure to the sun and agree to provide my child with sun cream/sun block as appropriate. In the event of my child being without sun cream/block (e.g. through loss or theft) I give permission for the party leader to supply my child with sun cream/block as s/he deems appropriate to maintain an adequate level of protection. I confirm that if I am aware of my child being allergic to any sun creams/blocks I have indicated this above.

I will inform the group leader/head teacher as soon as possible of any changes in the medical or other circumstances indicated above, between now and the commencement of the trip/activity.

I acknowledge the need for my child to behave responsibly during the trip/activities and I have impressed this upon her/him.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Full Name (Capitals)** \_\_\_\_\_