



OA4 Off-Site Activity Medical and Consent Form

ORGANISATION: Knowl Hill C of E Academy

NAME of participant: **male/female**

Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant: Telephone No. (inc. STD):

Post Code: Date of Birth:

Emergency Contact DURING PERIOD OF ACTIVITY

Name:

Address:

Tel. No:

Alternative Tel. No:

Post Code:

Relationship to Participant:

DOCTORS name:

Address:

Telephone No. (inc. STD)

Details of last Tetanus injection date:

Post Code:

OR, have you had one in the last 10 years?
YES / NO

Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.

Please give current treatment including medication.

Details of any special dietary requirements.

STATEMENT

I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO.....AND CONSENT TO THE ABOVE PERSON PARTICIPATING.

I accept full financial responsibility if I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for me to receive medical treatment in an emergency.

Signed:

Parent/Guardian/Participant

Date.