



HOLY FAMILY CATHOLIC HIGH SCHOOL PARENTAL/MEDICAL CONSENT FORM

Name..... Form.....

Mobile telephone number of candidate.....

1. I agree to my son / daughter taking part in the:-Duke of Edinburgh award (Expedition section)

2. Has your child, to your knowledge, been in contact with any infectious or contagious illness in the last three months? **YES / NO**

If **YES**, give details.....

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3. Please give details of any recent illness, if any.

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4. Does he / she suffer from asthma, hayfever, migraine, fits or any other illness or disability? **YES / NO**

If **YES**, give details

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5. Is he / she allergic to anything (e.g. elastoplast, aspirin, antibiotics, foods etc)? **YES / NO**

If **YES**, give details

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6. Is he / she receiving any medical treatment or medication at present? **YES / NO.**

If **YES**, give details.....

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7. Any special dietary requirements?

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8. Name, address, telephone number of Doctor and National Health number.

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9. Name, address and telephone number of parent / guardian while he / she is on the visit / holiday etc.

<u>Daytime</u>	<u>Evening</u>
.....
.....
.....

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

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11. Swimming ability: non swimmer / beginner / competent /strong [please circle]

12. 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.

13. I understand that if my son/daughter cannot complete the activity then I will be responsible for meeting the teacher at the venue.

All pupils have insurance cover for personal accident and school travel. Copies of the Metropolitan Borough of Sefton insurance cover is available upon request.

I will inform the Group Leader / Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed..... Dated.....
Parent / Guardian