

Uckfield Community Technology College

MEDICAL DETAILS AND CONSENT FOR SCHOOLVISITS/PE CLUBS/AFTER SCHOOL ACTIVITIES/FIXTURES

Please complete in block capitals. *Please delete as necessary.

Full Name of Participant First Name:

Family Name: Form Group:

Address:
.....Postcode.....

Date of Birth: Home Phone Number (Incl. Code):

Venue(s) **SCHOOLVISITS/PE CLUBS/AFTER SCHOOL ACTIVITIES/FIXTURES - 2010/2011**

Health Information and Consent to Emergency Treatment

1. Are there any medical or health conditions which may affect your son/daughter's participation in this Activity?
E.g. asthma? YES/NO*
If 'yes' please specify

2. Is your son/daughter* allergic to antibiotics, zinc oxide plasters, other medicines or foods?
YES/NO*
If 'yes' please specify

3. Is your son/daughter* on this activity taking any regular or prescribed medication?
Including Paracetamol/Ibuprofen YES/NO* If 'yes' name and dose of medication, when is it to be taken.
.....

4. Participant's Doctor: Surgery phone number:

Surgery address:

5. Parental Consent. I consent to the above listed medication being administered by visit staff as required and should the necessity arise, I agree to my son/daughter* receiving Emergency First Aid treatment by a trained First Aid Person, the visit Leader and/or their supporting staff.

6. I have read all information, including attached sheet(s), relating to this activity/training and agree to the Participant named above, undertaking these activities.

Signed: Print name:

Parent/Carer * Date:

Next of Kin

Full name of participant's next of kin or carer.

First Name: Family Name:

Relationship to Participant:

Permanent address of next of kin:
.....

Telephone number (incl. Code): Emergency number:

Additional Emergency number: Name & Relationship:

Visit leader must be notified if contact details for next of kin are going to be different during the course of the activities.