OA4 Off-Site Activity Medical and Consent Form

ORGANISATION:

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: Post Code:	Telephone No. (inc. STD)	Details of last Tetanus injection date: 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.