

## Appendix 6

### UNDER 18 - PARENTAL/GUARDIAN CONSENT AND MEDICAL INFORMATION FORM FOR EDUCATIONAL VISITS, INVOLVING OVERNIGHT STAYS AND/OR ADVENTUROUS ACTIVITIES

**N.B. ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN**

School/Organisation: \_\_\_\_\_

#### 1. Details of Journey

Journey/visit to: \_\_\_\_\_

From: \_\_\_\_\_ Date/Time: \_\_\_\_\_ To: \_\_\_\_\_ Date/Time

I agree to my son/daughter/ward

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ taking part in activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

#### 2. Medical Information

a) Does your son/daughter/ward have any medical conditions? YES/NO

If YES, please give full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Is your son/daughter/ward taking any medicine? YES/NO

If YES, please give full details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) To the best of your knowledge, has your daughter/ward been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d) Is your son/daughter/ward allergic to any medication, insect bites, food etc? YES/NO

If YES to **c)** or **d)** please give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

f) Has your son/daughter/ward received a tetanus injection in the last 3 years? YES/NO

g) Has your son/daughter/ward any special dietary requirements? YES/NO

If YES, please give details:

---

---

3. **Swimming**

Is your son/daughter/ward able to swim?

YES/NO

If YES, comment upon your child's swimming ability.

---

4. **Emergency Contacts (including family doctor)**

I may be contacted by telephoning the following numbers

Work: \_\_\_\_\_ Home: \_\_\_\_\_

My home address is: \_\_\_\_\_

---

If not available at the above, please contact:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

---

Name of family doctor: \_\_\_\_\_ Tel. No: \_\_\_\_\_

---

5. **Declaration**

I understand that the teacher/youth worker in charge of the group will be acting in 'duty of care' and in the event of an accident I agree to my son/daughter/ward receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organiser as soon as possible of any change in the medical circumstances of my son/daughter/ward between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided and that Wirral Council is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This form, or a copy, must be taken by the leader on the activity. A copy should be retained by the contact teacher/youth worker at the school/youth club.***