

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
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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 have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/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 the participant/me to receive medical treatment in an emergency.

Signed: _____ Parent/Guardian/Participant

Date: _____