



Tyn 'Y' Felin Year 7 Residential 2016 - MEDICAL INFORMATION AND CONSENT

Pupil Name:		Form:	
Date of Birth			
Address:			
Home Tel:	Work Tel:	Mobile:	
Emergency contact details:			
Name			
Tel No:		Relationship to Pupil:	

MEDICAL INFORMATION (Please complete or delete where applicable)

- 1 Doctor's name:
Surgery address:
Telephone number:
- 2 To the best of my knowledge my son/daughter/ward is fit and healthy.
My child is not in the care of a doctor and requires no special treatment.
My child is not taking any form of medication.

My child is taking or requires medication.
Please indicate details of the medication:

Dosage: being taken for:
- 3 My son/daughter/ward suffers from: - *(please include allergies, incontinence problems)*

Details of condition:

Details of treatment:

Details of any other recent illnesses:
- 4 Please give details of any special dietary requirements:

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Vegetarian YES / NO

I give my permission for my child to take part in the Year 7 Tynn 'Y' Felin Residential	<input type="checkbox"/>
I have seen and signed the Home School Agreement in my child's Planner	<input type="checkbox"/>
I consent to any medical/surgical/dental treatment which my child may require within the duration of the trip/visit and I agree that the Party Leader may act on my behalf in such matters (Permission will be sought wherever possible)	<input type="checkbox"/>
I agree to indemnify the organisers against any loss, cost or expense, which is occasioned thereby and is not otherwise recoverable	<input type="checkbox"/>
It is understood that whilst every endeavour will be made to safeguard the personal effects, luggage and clothing of members of each party, the organisers shall not in any event be held responsible for loss or damage that might occur	<input type="checkbox"/>
Signed: (Parent/Carer)	
Print Name:	Date: