

TRIPS AND VISITS PARENTAL CONSENT AND MEDICAL FORM

Duke of Edinburgh BRONZE:

Full Name of Pupil:
Date of birth:
Address: Postcode:
Home telephone number:
Work telephone number:
Mobile telephone number:
If possible, please give details of someone who could pass on a message in case of emergency: .
Name:
Relationship to pupil:
Telephone number:

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.
He/She is not in the care of a doctor and requires no special treatment.
He/She is not taking any form of medication.
He/She 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:
.....
Vegetarian YES / NO

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.)

I agree to indemnify the organisers against any loss, cost or expense, which is occasioned thereby and is not otherwise recoverable.

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.

NAME OF PARENT or CARER (please print):
ADDRESS:
SIGNATURE: DATE:.....

PLEASE RETURN TO STUDENT SERVICES or EMAIL TO shill@lymmhigh.org.uk