

NORTH YORKSHIRE OUTDOOR EDUCATION SERVICE
MEDICAL & PERSONAL INFORMATION FORM (UNDER 18)

INFORMATION FOR PARENTS/GUARDIANS

Please complete the information below and sign the declaration. The personal and medical information requested is to ensure that the Service can provide a proper duty of care for your son/daughter

PERSONAL DETAILS OF PARTICIPANT

Surname:		School / Group:	
Forename:		Course Dates:	
Address:		Date of Birth:	
		Telephone Number for Parental Contact:	
		Home:	
		Work:	
Postcode:		Mobile:	

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Tel. Number: _____
 Address: _____

If your child has a medical condition of any sort please discuss with your family doctor and inform your school/group leader before completing the form. Medical conditions would not normally exclude your child from participating in the course. It is important that your child is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.

QUESTIONS

Please Tick

Yes No

- Has your child had any serious illness in the last two months?
- Is your child recovering from an accident, injury or broken limb?
- Does your child have: Epilepsy, convulsions or absenting?
- Diabetes mellitus?
- Asthma?
- Heart Disease?

Does your child have a long term illness or disability?

Does your child have any allergies?

Is your child on any medication?

If the answer to any of these questions is YES please give details here:

TETANUS

Yes No

Has your child been inoculated against Tetanus?

Date of last injection if known.

GENERAL FITNESS

Yes No

Do you consider your child to be medically fit now?

MEDICAL TREATMENT DURING THE COURSE

With your consent the Centre staff will provide treatment for minor ailments with "off the shelf" products from a chemist, The following items are available: Sun cream, Paracetamol, witch hazel, Strepsils, calamine lotion, adhesive plasters, insect bite antihistamine. **Please indicate if you are willing for your child to be treated with any of these. Delete any that you do not give permission for.**

Yes No

DIETARY INFORMATION

Please give details of any individual dietary needs (eg vegetarian).

SWIMMING ABILITY

It is not necessary for students on a course to be able to swim, but for some activities they may need to be water confident. Please indicate which category your son/daughter falls into.

Swimmer	
Non-swimmer but water confident	
Not water confident	

ALTERNATIVE EMERGENCY CONTACT NUMBERS

We will make every effort to contact you in the event of an emergency. To assist us in this please give the name, address and phone numbers of an alternative emergency contact should we not be able to get you for some reason.

Name		Home	
Address		Mobile	
		Work	

PARENT/GUARDIAN CONSENT

I consent to my son/daughter attending the course provided by North Yorkshire Outdoor Education Service. I have received information about the programme and fully understand the nature of the course and agree to my child's participation in all the activities described. I understand that the activities may change due to weather and other safety considerations.

The information I have provided in this form is accurate at this time and I agree to inform the group organiser as soon as possible of any changes between now and the start of the course.

I agree to my son / daughter receiving medication as instructed above; and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

NAME OF PARENT/GUARDIAN _____ **SIGNATURE** _____
RELATIONSHIP TO THE CHILD _____ **DATE** _____

CONSENT TO USE IMAGES OR PHOTOGRAPHS

North Yorkshire Outdoor Education Service use still and video images both for coaching / teaching purposes and for the purpose of producing printed information, displays, presentations, exhibitions, and promotional material (literature, website, DVD and CD). Collections of images may be provided for groups at the end of their course as a memento. Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to the child or their parent or guardian. Such images will **NOT** identify any child by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

We would be very grateful for your consent to use such images. We take the issue of child safety very seriously and are selective in images which we use and keep – but a cheerful, smiling face enjoying an activity is preferable to an unidentifiable person hidden behind a hood.

I have read the note above and I give consent for North Yorkshire Outdoor Education Service to take, store, and use images of my child for the purposes described.

SIGNATURE _____ **DATE** _____

This form must be signed by the parent or guardian and returned to the group organiser who will send a copy to the relevant Centre at least two weeks before the visit