

**PARENTAL CONSENT AND
MEDICAL INFORMATION FORM**

1. NAME OF CENTRE AND DETAILS OF VISIT (To be completed by Centre/Project Staff)
 Visit: DofE Silver 2011/12 Venue of trip: Weekly Meetings/10-11/03/2012 Silver Practice 1-South Downs/
 15-17/06/2012 Silver Practice 2 New Forest/ 6-8/07/2012 Silver Assessed Brecon Beacons
 Dates: From: 02/11/2011 To: 18/07/2012 Mode of Transport: Own Transport

To be completed by Parent/Guardian
2. GENERAL INFORMATION

Young Persons Full Name:.....
 Young Persons Date of Birth:Age:.....
 Young person's address:
Young Person's Mobile Number.....

3. MEDICAL INFORMATION
 Any known medical Conditions including physical, emotional, behavioural or psychological:

 Recent injections:.....
 Date of last tetanus:.....
 Contact with Contadious Diseases within the last 3 months:.....
 Details of medication (dosage) beina taken:.....
 Details of any known allergies:.....
 Special dietary needs:.....
 Family doctors Name:.....Telephone number:.....
 Family doctors Address:.....

4. DISABILITIES
 Please advise of any disability that it would be appropriate for staff to be made aware of:

a) My son/daughter can swim _____ metres

PLEASE RESPOND TO ANY ADDITIONAL INFORMATION REQUESTED BELOW

b).....

c).....

d).....

6. Emergency Contact Number – Please ensure all sections are complete and legible, phone numbers should be completed in full. It is important we are able to make contact with individuals listed.

Name:.....

Address:.....

Tel: Home:..... Work:.....

If in the case of emergency for some reason I cannot be contacted, Please Contact:

Name:

Address:

Tel: Home: Work:

Relationship:.....

7. DECLARATION

I agree to my son/daughter taking part in the visit outlined in the letter dated

I agree that he/she is fit enough to take part in the activities listed and I am aware of the physical and emotional demands of a DofE expedition

I acknowledge the need for responsible behaviour on his/her part.

I undertake to inform the Youth Worker in Charge of the Centre/Project as soon as possible, of any change in the medical circumstances between the date signed and the commencement of the visit.

I agree to my son/daughter receiving medication as instructed by me.

I agree to such medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the Youth Worker leading the visit or any representative or other agent of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay is occasioned in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.

I understand that the participant is responsible for the safe custody of their personal belongings and effects and the organisers cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen or for compensation of any kind.

Signed:.....(parent/guardian)

Date:.....