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| **OA4 Medical and Consent Form** | | | |
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| School or Centre: **Hilltop First School and Foundation Stage**  **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:  Post Code:  Date of Birth:  Telephone No. (inc. STD): | | | |
| Emergency Contact DURING PERIOD OF ACTIVITY  Name:  Address:  Post Code:  Tel. No.  Alternative Tel. No:  Relationship to Participant: | | | |
| **Name of participant………………………………………………………………… male/female** | | | |
| 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. | | | |
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| STATEMENT  I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO VARIOUS LOCATIONS DURING THE YEAR 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. | | | |