

# Consent and Medical Information for Residential Activities



## Part 1 – to be completed by the event coordinator or first aider

Name of event/activity: Hautbois Activity Centre Residential

Start date: \_\_\_ Wednesday 4<sup>th</sup> October

End date: \_\_\_ Friday 6<sup>th</sup> October 2023

Person/s responsible for first aid at the event: Ms Dangerfield, Miss King, Ms Buchan, Mr Boughton, Mrs Berryman and Mr J Morton

## Part 2 – to be completed by parents/carers

### Participant details

Surname: \_\_\_\_\_ Year group: \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

GP's name and address: \_\_\_\_\_

GP's telephone number: \_\_\_\_\_

### Medication

The following medication and products will be available at the event. Please tick to indicate which may be given to your child if required.

	Tick		Tick
Paracetamol			

### General health information

Does your child have any allergies: **Yes / No**

If yes, please give details (severity/EpiPen information): \_\_\_\_\_

Does your child have any illnesses or disabilities relevant to this event/activity? **Yes / No**

If yes, please give details: \_\_\_\_\_

Is the participant currently taking medication? **Yes / No**

If yes, please give details \_\_\_\_\_

**Medication:** Please label your child's medication with their name and provide clear instructions for its use. Medication must be in its original packaging with prescription label attached. Please complete the table with medication, dosage and times.

Medication	Time	Dosage

Is your child receiving medical treatment? **Yes / No**

If yes, please give details including hospital name and address: \_\_\_\_\_

Is there any further information the school should have regarding your child's health and well-being? **Yes / No**

If yes, please give details: \_\_\_\_\_

### Emergency contacts

Please provide details of a person who will be contactable at all times during the event.

Name: \_\_\_\_\_

Telephone 1: \_\_\_\_\_

Telephone 2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please provide details of a person who will be contactable at all times during the event.

Name: \_\_\_\_\_

Telephone 1: \_\_\_\_\_

Telephone 2: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parents/carer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Please return this form to the school office by Friday 13<sup>th</sup> July 2023**