

# PARENTAL CONSENT & MEDICAL INFORMATION FORM

**Youth Group:** DofE

**1. Details of Visit/Journey**

Visit/Journey to:	
Date(s) of visit/journey:	

**2. Details of Young Person**

Full name of young person	
Date of birth: <i>Day/Month/Year</i>	
Mobile Number	

**3. Declarations**

- i. Having read the information sent to me about the above visit/journey, I authorise the youth group to make the necessary arrangements for the above named young person to take part in all the activities and I undertake to make the necessary financial arrangements.
- ii. I understand that it may be necessary to alter some of the arrangements in the information sheet/letter but I approve the arrangements on the basis that any significant change will be notified to me in writing.
- iii. I understand the youth group’s policy on behaviour on visits/journeys and accept that in exceptional circumstances it may be necessary for my child to be sent home or collected at my own expense.
- iv. I give permission, where applicable, for press releases to be made publicising the achievements of the young person named above and/or their DofE group. Where applicable, I also give my consent for a photograph of the group, which may include the young person named above, to be published and/or used for internal or external advertising.

Signed: (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Please also complete and sign the medical information

# MEDICAL INFORMATION

## 1. Medical information

i. Name and address of family doctor (GP):

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ii. Child's date of birth: day/month/year

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iii. Is your child at present under medical supervision or any form of medical treatment?

Yes       No

If yes, please give details:

Condition:	
Treatment:	
Name of hospital attended (if applicable):	

If your child is taking any medicines, a supply sufficient to last the visit/journey must be given to the child/party leader on or before the departure date, together with written details of the dosage and times of administration. This applies also to medicines which may be needed only occasionally. If appropriate, in accordance with medical advice, your child could manage his/her own medication.

iv. Has your child, in the past, suffered from:

Asthma:       Yes       No  
Hay fever:       Yes       No  
Epilepsy:       Yes       No

Other allergies? (e.g. allergies to antibiotics/plasters/food etc) Please provide details:

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Any serious illness?

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v. Have any restrictions been placed on your child's activities on medical advice?:

a) Swimming:       Yes       No  
b) Climbing or using equipment at heights:       Yes       No  
c) Strenuous activities:       Yes       No  
d) Other: \_\_\_\_\_

e) Has your son/daughter had any problems/chronic conditions in the last two years that may inhibit their ability to complete a strenuous walk with a heavy pack?  Yes  No

If yes, please give full details and advise us of any support bandages, medication, etc that your son/daughter will bring on the expedition/trip

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vi. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases in the last four weeks?  Yes  No

vii. Is there anything your child should not eat?:

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viii. Does your child suffer from travel sickness?  Yes  No  Occasionally

ix. Has your child been vaccinated against poliomyelitis:  Yes  No

Please give date: \_\_\_\_\_

x. Has your child been protected against tetanus?  Yes  No

Please give date: \_\_\_\_\_

xi. **NB: Parents should notify the party leader in writing if there is any change in the medical information given above before the journey commences. Parents should obtain advice from the family doctor and also notify the party leader, if the child comes into contact with an infectious disease during the three weeks before the journey.**

**4. Declarations**

i. I consent to:(child's name)\_\_\_\_\_ receiving any emergency medical, surgical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed:(Parent/Guardian)\_\_\_\_\_

Date: \_\_\_\_\_

Address:			
Print Name:			Tel no Home:
Work:			Mobile tel no:

Telephone numbers for emergency contact for period of the visit/journey if these are different from the home number:

Name:	Relationship to young person:	Tel :
Name:	Relationship to young person:	Tel:

**Office information**

**When completed this form should be retained by**

- 1. The youth group trip leader,**
- 2. A copy to the Youth Officer**
- 3. A copy to home based contact.**