



STUDENT CONSENT AND EMERGENCY CONTACT FORM – UNDER 18

This form must be completed by Parent/Carer and signed on both sides.

Student Information

Details and Date of Visit: _____

Student Name: _____ Form: _____

Address: _____

Home Telephone: (include code) _____

Parent / Carer Name: _____

Diet Declaration: (please tick as appropriate)

My child's diet is:-

All food

No meat/fish

Other (please give details below)

He/She requires:- _____

Continue overleaf if necessary

Consent (Please tick as appropriate)

I am aware of the nature of the Programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the following:

_____ (Leader in charge/principle/course co-ordinator)

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

I consent to my child taking part in all activities organised by the staff in connection with the Programme.

Signed: _____
Parent/Carer

Date: _____

EMERGENCY CONTACTS AND MEDICAL INFORMATION

The following information will be treated in confidence.

Student Name _____ Age _____ Date of Birth _____
Parent / Carer Name _____
Address: _____ _____
Home Telephone (code _____) _____ Mobile _____
If parents / carers can be contacted at work please give the telephone numbers Name _____ Phone No (code _____)

Emergency Contact Numbers (Please delete as appropriate) Relatives (R) or neighbours (N) that could help contact Parents/Carers quickly in case of emergency.
Name _____ (R or N) Phone No (code _____)
Name _____ (R or N) Phone No (code _____)
Name _____ (R or N) Phone No (code _____)

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other. _____ None <input type="checkbox"/>
2. Is your child currently taking any medication? E.g. Antibiotics _____ None <input type="checkbox"/>
3. Is there anything else you would wish to bring to the Programme Leaders' attention? E.g. Travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs. _____ None <input type="checkbox"/>

Own Doctors Name _____ NHS No. _____
Address _____

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar your child from attending, but we would be grateful if you would discuss this matter with :-

Your Leader in Charge/Principal/Course Co-ordinator _____

I consent to my child receiving medical treatment in the event of an emergency.
Signed: _____ Date: _____ Parent/carer
Please return form to: _____