



Medical Information & Treatment Consent Form (under 18)

Please fill in the information requested below

Your Childs Details

Name..... Date of Birth..... Male/female (please delete)

Address.....

.....

.....

Your Contact Details

Home..... Work..... Mobile..... Email.....

In the event of an emergency please contact the following person -

Next of Kin.....

Contact Number

Address During Your Childs Visit -

.....

.....

Relationship to child (e.g. Mother, Father etc).....

Does your child you have any medical condition that could affect them on their course/trip?

(Please ensure you include asthma, diabetes, epilepsy etc)

Yes/No (please delete)

If you answered yes - please provide details (include any special dietary requirements) -

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Has your child had any recent injury or illness that may cause them discomfort or hinder their participation on the chosen course/trip?

Yes/No (please delete)

If yes please give details

Are they on any medication? Yes/No (please delete)

If yes - please give details

Does your child have any special requirements that we can assist them with during their stay (please include any dietary, religious or physical disability needs in this section)

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Please enter any other relevant information you wish to tell us on the reverse of this form.

I acknowledge that I have provided all the information requested and any other medical/injury information that may effect my childs participation in the chosen event and/or activities

Signed Date