

Residential visit information and medical form (please complete both sides)

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food , plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details _____

A choice of foods at mealtimes is offered at the centre, but if your child has any specific dietary requirements (e.g. vegetarian/vegan), please give details _____

If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol – Calpol) being administered? Yes No

If it is considered necessary, do you agree to Piriton being administered? Yes No

If it is considered necessary, do you agree to Cough Mixture being administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed _____ (for participants under 18 years of age)
Person with parental responsibility

Please print name here _____

Signed _____ (for participants aged 18 years or over)
Participant

Date _____

Personal details of your child. (please complete both sides)

First name _____ Surname _____

Date of birth _____ Age _____ male / female

Address _____

_____ Post code _____

Name of next of kin _____

Next of kin address during the activity (if different from above _____

_____ Post code _____

Contact no: Home _____ Work _____ Mobile _____

Name and address of participant's doctor _____

Telephone no _____ NHS no (if known) _____

Consent for the residential visit:

The residential visit to _____ Date of visit _____

I confirm that I have parental responsibility for _____

He/she is in good health and I consider him/her to be capable of taking part in outdoor activities.
In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed _____

Please print name here _____

Address _____

_____ Post code _____

Any additional information required (for example; bed wetting)
