

EXPEDITIONS

PARENTAL CONSENT & MEDICAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS

I agree to my daughter/son (full name).....
taking part in the above mentioned expedition and agree to her/his participation
in all of the activities involved.

Please attach 4 passport photos and 2 copies of the main page of the applicant's passport with this application form:

Name: (as appears on passport).....

Address:.....**Date of Birth:**.....

.....**NHS No:**

.....**Passport No:**.....

Home phone number:.....**Passport Expiry Date:**.....

Mobile/work number:.....**Email:**.....

Other emergency contact details:.....

Medical information

The following information will be treated as confidential within the organisation, school and insurance company.

Name and address of doctor:.....
.....

Telephone No.....

**Does your child suffer from: (delete as applicable)
any allergies? YES/NO**

If YES, please give details below:

.....
.....
.....
.....
.....
.....

Any recurrent illnesses? (including travel sickness) YES/NO

If YES, please give details below: i.e. dates of last occurrence and treatment given

.....
.....
.....

Would your child be required to take any medication while on expedition? YES/NO

If YES, please give details below, dates and times.....

.....
.....

Does your child have any special dietary requirements? YES/NO

If YES, please give details below:.....

.....
.....

Sport/Physical Exercise: Has your child had any complaint or ailment which could cause difficulty on the expedition? YES/NO

If YES, please give details below:

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.....

When did your child last have an anti-tetanus injection?.....

Any other relevant information?.....

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.....

Do you give permission for medication (if taken) and pain relief, as required, to be administered by a member of staff? YES/NO

I agree that if my daughter/son becomes ill or incapacitated, the staff may take such actions as they consider necessary. I authorise the teaching staff to consent to any X-ray examinations, anaesthetic, medical surgical diagnosis, treatment or hospital care, which is advised by and is rendered under the general supervision of a licensed physician or surgeon. Failure to declare any existing or past medical condition will invalidate insurance thereby rendering parents liable for any costs incurred.

Title:..... First Name:.....

Surname:.....

Relationship to child:.....

Signature:.....

Please return this form to your teacher by the closing date.

Please include four passport photographs & two copies of the main pages of your passport.