

CONSENT AND MEDICAL FORM

GENERAL INFORMATION: please complete in capital letters		
FULL NAME OF CHILD		
FULL POSTAL ADDRESS		
EMERGENCY CONTACT Name and relation to child	Name: Relation to child:	Telephone number: Mobile telephone number:
DATE OF BIRTH		
NAME, ADDRESS and TELEPHONE NUMBER OF CHILD'S DOCTOR		
MEDICAL INFORMATION		
Is your child suffering from an allergy?	Yes/No	If yes, please give details:
Is your child suffering from any particular illness or health problems?	Yes/No	If yes, please give details:
Is your child taking any medicine or tablets? These should have your child's name written on them and should be handed to the leader of the party before departure with instructions for use.	Yes/No	If yes, please give details:
Are there any special health instructions for your child?	Yes/No	If yes, please give details:
Does your child suffer from travel sickness?	Yes/No	If yes, please give details:
Are there any foods that your child should not eat due to an allergy or to religious beliefs (pork etc)?	Yes/No	If yes, please give details:
When did your son/daughter last have a tetanus injection?	Date:	
Please give your child's National Health Number:		
I agree/disagree (please delete as appropriate) to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.	Signed: Date:	
I confirm that I have parental responsibility for the above named child.		
Signed:		Date:
Full name (capitals):		

