

## Medical and Consent Form Name of Establishment..... Activity..... Venue...... Date.....

First Name:	<u>nt</u> Surname:		Mobile(if applicable)			
	Age:		Male / Female (delete as appropriate)			
		Post Code:				
Next of Kin – name and addre	ss during the a	ictivity (i	if different from above)			
Contact Numbers – Home:			Work:Mobile:	Mobile:		
Any special dietary requireme	nts:					
Medical Information						
Name and address of participa	ant's Doctor: _					
	one Number: NHS Number (if known):					
Has the participant had or ha	ve any of the f	followin	g? Where 'YES', please give specific detai	ls overle	af.	
Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No	
Heart condition	Yes	No	Other allergies (material, food, animal, plaste	rs) Yes	No	
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No	
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No	
Diabetes	Yes	No	Regular medication	Yes	No	
Is the participant receiving -						
Support and/or treatment for mental health from their counsellor or Doctor?				Yes	No	
Medical or surgical treatment of any kind from their Doctor or hospital?			Doctor or hospital?	Yes	No	
Has the participant been given specific medical advice to follow in emergencies?				Yes	No	
If the answer to any o	f these questic	ons is Ye	es, please give details overleaf (including name o	and dosa	ige of	
			medicines/tablets)			
If it is considered necessary, do you consent to mild painkillers (Paracetamol) being administered? If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?				Yes Yes	No No	
Has the participant received vaccination against Tetanus in the last 10 years?				Yes	No	
Consent for the Visit					_	
I confirm that I have parental	responsibility	for				
-			m/her taking part in ALL activities set out in the	visit inf	ormat	
			n to this should be noted overleaf).		Simul	
I am aware that the travel ins			ailable for viewing in school / the Establishment			
			necessary medical treatment, which might inclu		ise of	
			etails, illness or medical treatment occurring af	ter the r	eturn (	
form and prior to the activity,	, I will underta	ike to in	form the group leader.			

\_\_\_\_\_ Print name here: \_\_\_\_

Signed by person with parental responsibility for participants under 18 years of age.

\_\_\_\_\_ Print name here: \_\_\_\_\_\_

Signed by participant if aged 18yrs and over.

Date:\_\_\_\_



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## Consent for programmed water sports and water related activities

(eg: kayak, canoe, sail, windsurf, rafting, etc.; or activities involving water eg: caving, gorge walking)

Please tick **ONE** of the boxes below as appropriate to confirm the water capability of your child.

Ticking A, B, C or D below **confirms your consent** to your child undertaking water activities within the programme provided. This information will be passed to the Provider by the school / college / establishment to allow appropriate adjustments or operating procedures for inclusive participation<sup>1</sup>.

## If, for any reason, you wish to withhold consent for any activity, this should be detailed in the space below.

A) I confirm my child can swim 50m and is water confident	C) I confirm my child is water confident and can swim, but I'm not sure how far. They have been in a pool or other water and can submerge their head without becoming distressed
B) I confirm my child can swim 25m and is water confident	D) I confirm my child is a non swimmer, and/or may not be confident in the water.
<sup>1</sup> As set out in HCC Registration information to providers.	

Additional Consent, Medical or Special Needs Information

(Add additional sheets if required)

Signature:

\_\_\_\_\_Date:\_\_\_\_\_

Image Consent - Note to visit leaders - Consent must be obtained if you intend to use images of identifiable young people and adults.

Schools should already have Image Consent in place as part of their enrolment procedures. All other HCC groups - Photography, video and multimedia consent can be obtained by an additional form found on this webpagehttp://intranet.hants.gov.uk/corporatecommunications/brand/cc-imagesofpeople/cc-images-consentforms.htm

There are several different forms - please make sure you choose the correct form for your group. Non HCC groups may also use these form, but should consult their own policies relating to such consent.







