# *FERNY CROFTS*

## *MEDICAL FORM/PARENTAL CONSENT FORM*

Full Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: **Muscliff Primary School**

Date of Visit – From: **Wednesday 14th June – Friday 16th June 2023**

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) taking part in this residential. I agree to him/her participating in all activities and understand that additional risks have been assessed with planning undertaken and systems agreed to control and manage these risks. I acknowledge the need for him/her to behave responsibly.

Medical Information about your child:

1. **Has the participant ever had any of the following? Please delete where appropriate**

|  |  |  |
| --- | --- | --- |
| Asthma or bronchitis  | Yes | No |
| Heart condition  | Yes | No |
| Fits, feinting or blackouts  | Yes | No |
| Severe headaches  | Yes | No |
| Diabetes  | Yes | No |
| Allergies to any known medication  | Yes | No |
| Other allergies e.g. plasters, food  | Yes | No |
| Other illness or disability  | Yes | No |
| Travel sickness  | Yes | No |
| Regular Medication | Yes | No |

If yes to any of these questions please give more details as to the nature of the condition (e.g. what allergy and when)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What medication, if any, are they taking for the condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Consent for emergency medical treatment. Please delete as appropriate:**

|  |  |  |
| --- | --- | --- |
| I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise.  | Yes | No |
| If it is considered necessary do you agree to a blood transfusion?  | Yes | No |
| Has the participant received a tetanus vaccination in the last 10 years?  | Yes | No |
| Is the participant receiving medical or surgical treatment currently?  | Yes | No |
| Has the participant been given specific medical advice to follow in an emergency?  | Yes | No |

|  |
| --- |
| If the answer to the last 2 questions is yes, please give details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Pain or flu relief medication your child may be given:**

|  |  |  |
| --- | --- | --- |
| If it is considered necessary do you agree to mild pain killers (e.g paracetamol and calpol) being administered?  | Yes | No |
| If it is considered necessary do you agree to anti-histamine cream or orally-taken anti-histamine (tablet or liquid) being administered?  | Yes | No |

1. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

(If YES, please give brief details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is your child allergic to any medication e.g. plasters, paracetamol etc? YES/NO

(If YES, please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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f. Does your child currently have any (other) known allergies? YES/NO

(If YES, please specify):

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g. Swimming Ability

\* Is your child able to swim 50 metres? YES/NO

\* Is your child water confident in a pool? YES/NO

\* Is your child water confident in open inland water (river or lake)? YES/NO

**\* Are you happy for your child to participate in water based activities YES/NO**

**(Kayaking and Canoeing) during our visit to Fairthorne Manor?**

Please give details below of your child’s GP.

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child’s NHS No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h) Other information:

1. Does your child have any dietary requirements?

2. How has your child coped being away from home (overnight)?

3. Any other relevant information?

**Declaration:**

I will inform Muscliff Primary School as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey. I agree to my child receiving medication as appropriate and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the relevant medical authorities. Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.

**Contact Telephone Numbers:**

Name of Parent/Guardian/Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of alternative emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAME (capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Protection

The Bournemouth Borough Council and Borough of Poole School is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent.When you sign or complete this form you are providing your consent to the School holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.