

CAMELFORD DofE MEDICAL AND CONSENT FORM

Silver D/E

This form must be completed and signed by the participant's parent or guardian.

PLEASE NOTE that in signing this form your rights are not affected in any way.

Participant's NameDate of birth .../.../...

Address

Post code Telephone number

Participant's mobile phone number

Contacts for next of kin during the expeditions and training trips

Name Relationship to participant

Address & Postcode

Phone numberMobile phone number

2nd contact name Relationship to participant

Phone number.....Mobile phone number.....

Please give details of any special dietary needs

.....
Please give details of any medical conditions – e.g. diabetes, epilepsy, asthma, allergies

.....
Please give details of any current medical treatment, including inhalers & medication (continue on an extra page, if necessary).

.....
Date of last anti-tetanus injection – **please ask your GP if you don't know, we need to know!**

.....
Doctor's name& contact number.....

Medical permission:

My child can administer their own medicines yes/no If "no", what help do they need?

Medical support for common ailments:

In the event of your child suffering from minor ailments, would you agree to the following medications being offered to your child? Please indicate below:

Paracetamol: yes/no Ibuprofen: yes/no Piriton/Chlorphenamine: yes/no
Wasp-Eze spray: yes/no Simple linctus: yes/no **PTO**



I acknowledge receipt of, and understand, the information regarding the proposed trips for this academic year. I will inform the Leader, in writing, of any changes in medical condition and health of the participant during this time. I will also inform the Leader of any changes in contact details, especially mobile phone numbers. I will be available to collect my child during the expeditions, if necessary – i.e. if there are any health, safety or behaviour concerns.

Dates to be advised

I consent to participating in these activities and travelling by any form of public or contracted transport and/or in a motor vehicle driven by an authorised DofE Leader or staff member. I will inform the Leader if we have a problem with transport to or from an activity.

I have ensured that s/he/I understand that it is important for his/her safety and for the safety of the group that any rules and instructions given by staff are obeyed.

I am in agreement that those in charge may give permission for my son/daughter to receive medical treatment in an emergency.

Signature of Parent/Guardian Date



The Local Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

If your child has an accident or suffers loss or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the Local Authority, its employees or agents, the Local Authority will not be able to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage to the third party's property, the Local Authority will not be responsible for this unless it can be shown to be at fault in some way.