

**ANNUAL INFORMATION AND MEDICAL FORM FOR USE IN
EMERGENCIES
ON-SITE AND FOR NON-RESIDENTIAL VISITS/ACTIVITIES
WEST SWINDON AND THE LYDIARDS ECUMENICAL PARTNERSHIP**

**TO BE COMPLETED BY PARENT/CARER FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18
PART A - YOUNG PERSON DETAILS**

Surname First name(s)
 Date of Birth National Health Number
 Address
 Postcode
 Tel. No Mobile No.

PART B - MEDICAL INFORMATION

Please indicate if your child suffers from any medical condition, however mild, or is taking medication on a regular basis. Conditions such as asthma, epilepsy, diabetes, heart condition, allergies or physical weakness should be included.

Please give details of any current medical treatment, or medication being taken by your child on a regular and continuing basis.

Date of last tetanus injection	
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PART C - FAMILY DOCTOR

Name
 Address
 Postcode
 Tel No.

PART D - DIETARY REQUIREMENTS

Please give details of special dietary requirements, food allergies, etc. (e.g. vegetarian, non-dairy food, peanut allergy, etc).

PART E - EMERGENCY CONTACT (1) Person holding parental responsibility

Name
 Address
 Postcode
 Tel No. Home Work Mobile

(2) Person other than person holding parental responsibility who could be contacted in case of emergency if person holding parental responsibility not available

Name
 Address
 Postcode
 Tel No. Home Work Mobile

I certify that the information given above is correct at the date of signing and understand that it is my responsibility to inform the Church of any changes. (*Changes must be in writing and sent to*

.....) I understand that this information will be held for contact and use in emergencies.

** Please include an additional sheet if you wish to give us any additional information**

Parent/Carer's signature	Date
Parent/Carer's name (please print)	

CONSENT FORM FOR NON-RESIDENTIAL VISITS/ACTIVITIES

**TO BE USED IN CONJUNCTION WITH INFORMATION AND MEDICAL FORM AND A
CONSENT SLIP FOR EACH VISIT/ACTIVITY**

TO BE COMPLETED BY PARENT/CARER FOR ALL PERSONS UNDER THE AGE OF 18

Child/Young person's full name
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Address
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I understand that I will receive a letter giving details of any visit/activity arranged and that this will contain a consent slip.

I agree to any emergency medical treatment being given as considered necessary by the medical authorities if I cannot be contacted.

NB: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. It has been found, however, that medical staff find this type of general consent helpful.

I understand that

my child will be under the care of the named leaders and will abide by the rules and guidelines laid down by the leaders of the visit/activity

if my child's behaviour during the visit/activity is unacceptable I may have to collect my child.

if my child becomes unwell during the visit/activity I may have to collect my child.

whilst those in charge of the party will take all reasonable care, they cannot necessarily be held responsible for any injury, loss or damage suffered during this visit/activity.

in the event of an emergency, every effort will be made to obtain my consent to any medical/surgical/dental treatment and/or administration of anaesthetic/blood transfusion

if these efforts prove unsuccessful, the leader(s) in charge of the visit/activity will then use their best endeavours to contact the person listed as emergency contact designated in Part E of the consent form.

I authorise the leader(s) to supervise my child taking prescribed medication. *(All medication must be in original packaging, clearly labelled with child's name together with the dosage and instructions for use and handed to the visit/activity organiser prior to departure for safekeeping)*

Parent/Carer's signature	Date
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Parent/Carer's name (please print)
