

EAST LoTHIAN COUNCIL DEPARTMENT OF EDUCATION AND CHILDREN'S SERVICES

PARENTAL CONSENT FORM (PC1)

Activity:	Dates:
Name of participant:	Date of Birth:
Contact Details for Parent/Guardian:	
Home Address:	Tel Home:
	Tel Work:
	Tel Mobile:
Alternative Telephone Number for use in emergency:	
If you won't be at this address for the duration of the trip please ensure we have alternate contact details	

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition that could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence, and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances that might affect participation.

Does your child/ward have any medical issues we should be aware of, e.g., asthma/diabetes/allergy to penicillin etc. Do they require any regular medication? If your child/ward is currently undergoing treatment by a Doctor please give details

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?

Has your child/ward received a tetanus injection within the last ten years? Y / N

Is there any additional information we should have to help us care for your child? (Travel sickness, bedwetting, diet, etc?)

Name of Family Doctor:  
Address: Tel No:

Is there any activity in which your child may NOT participate?  
**For water-based activities only:** I certify that my child/ward cannot swim / can swim 50 metres / is/isn't confident in cold water wearing a buoyancy aid. (Ring as appropriate)

**Insurance Information** East Lothian Council Public Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of the Council or a Council employee. Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

**Declaration**  
I have read the information issued concerning the Course and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child/ward fit to take part. He/She does not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Name (Block Capitals): Parent/Guardian:  
Signature: Date: