

PARENTAL CONSENT FORM (PC1)

Activity:	
Name of participant:	Date of Birth:
Home Address:	Tel Home:
	Tel Work:
Alternative Telephone Number for use in emergency:	

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.

Has your child/ward had recent surgery or been in contact with any infectious or contagious disease?	
Has your child/ward any known allergy (eg to penicillin)?	
If your child/ward is currently undergoing treatment by a Doctor please give details including medication?	
Has your child/ward received a tetanus injection within the last ten years?	Y / N
Has your child/ward any medical condition which a doctor should know about before carrying out treatment (eg Asthma)	
Is there any activity in which your child may NOT participate?	
Is there any additional information we should have? (Travel sickness, bedwetting, diet, diabetes, etc?)	
Name of Family Doctor:	
Address:	Tel No:
For water-based activities only	
I certify that my child/ward cannot swim / can swim 50 metres / is 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