## Offsite Medical and Consent Form

Name of school:

Name of participant:

Gender (male/ female):

**Important:** This form must be completed by the parent/ guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

Address of Participant:

Post Code:

Telephone No. (inc. STD):

Emergency Contact During Period of Activity

Name:

Address:

Post Code:

Tel. No.:

Alternative Tel. No.:

Relationship to Participant:

Doctors Name:

Address:

Post Code:

Telephone No. (inc. STD):

Details of last Tetanus injection date:

Or have you had one in the last 10 years? (Please state Yes or No):

Please give details of any medical conditions/disabilities, e.g., diabetes:

Please give details of allergies to (e.g.) medication, plasters, etc.:

Please give current treatment including medication.:

Please give details of any special dietary requirements:

**STATEMENT**

I consent to the above person participating in Youth Voice activities for the financial year 01/04/2015 to 31/03/2016. I understand that if my charge/I leave(s) the activity the responsibility of their safety is mine, and not the Leaders.

I have ensured that my charge/I understand(s) that the information for their/my safety and for the safety of the group and that any rules and instructions given by staff are obeyed and that the decision of the Leader is final and must be followed.

I undertake to inform the Leader of any changes in the fitness of the participant/myself or any changes in the emergency contact details as they occur.

I accept that the Leader only has responsibility for my son/daughter whilst they are participating in activities related to Youth Voice or the Young People’s Service. I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

I am in agreement that if my son/daughter breaks the rules of the session that they may be excluded and accept full financial responsibility if they/I have to return home before the end due to inappropriate behaviour.

Signed:

Date:

Parent/ Guardian/ Participant: