

CONSENT AND MEDICAL FORM

To be completed by the Parent/ Guardian. A hand-signature will be required at the end of the form.
Please complete and print, sign by hand and return to:

The Programme Team, Outfit Moray, 15 Shore Street, Lossiemouth, Moray, IV31 6PB

or scan to: info@outfitmoray.com

CHILD'S INFORMATION

Child's First Name(s)

Child's Last Name

Date of Birth

Age

Height

Weight

Shoe Size

Address

Town

Post Code

EMERGENCY CONTACT DETAILS

First contact name and relationship to child

Emergency phone number(s)

Second contact name and relationship to child

Emergency phone number(s)

MEDICAL INFORMATION

Doctor's Name and Surgery Address

Post Code

Telephone Number



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15 Shore Street, Lossiemouth, IV31 6PB

01343 549 571 www.outfitmoray.com

Registered Charity: SC037127

Does your child have any diagnosed medical conditions? Please describe below.

Does your child take any prescribed and/or regular medication?

Please give the NAME of the medication and state the DOSAGE and TIMES they should be taken. Children will need to be able to administer their own medicines (creams and tablets etc.)

Does your child have any allergies? Please describe below.

If your child is booked on an Outfit Moray Repite Break, you will receive an information letter before the break including a medical bag - please put all medications into the medical bag and write the dosages/times again.

The medical bag will be collected by the Respite Break Leaders from your child when they arrive at Outfit Moray so that we can keep them safe during their stay with us.

The Respite Break Leaders will ensure all medication is taken at the required time and under supervision.

ADDITIONAL INFORMATION

Is your child confident in water?

☐

Yes

☐

No

Can your child swim 50m?

☐

Yes

☐

No

Can your child ride a bicycle?

☐

Yes

☐

No

Does your child get travel sick?

☐

Yes

☐

No

Does your child wet the bed?

☐

Yes

☐

No

Does your child have an up to date Tetanus vaccination?

☐

Yes

☐

No

Is your child allergic to Penicillin?

☐

Yes

☐

No

May we give your child Antihistamines? (For allergies)

☐

Yes

☐

No

May we give your child Paracetamol?

☐

Yes

☐

No



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Name of child's school:

Has your child ever had an eating disorder?
Please describe below.

Does your child have any specific dietary requirements? Please describe below.

Does your child have any religious or cultural needs that must be met during their stay?

Please provide any additional medical information:

Please write your child's ethnicity below (for data analysis only):

PARENT/ GUARDIAN DECLARATION AND PUBLICITY AGREEMENT

It is important for Outfit Moray to publicise these breaks to our supporters and the general public. In order to do this, we may use photographs, audio and/or visual footage of your child during their time with us. The childrens' real names and personal information will NOT be included and their identity will be protected. If you do not agree that Outfit Moray can use this footage, please tick the box below. This will mean that your child will not be included in the other childrens' photo collages included in their goody bags and will not feature in any of Outfit Moray's publicity and marketing material.

☐ Please tick this box if you DO NOT give consent.

I, being the parent/guardian of the above child have provided all information accurately and to the best of my knowledge. I consent to their attendance on an Outfit Moray Respite Break and to receiving medical treatment by a qualified practitioner in the event of illness or injury.

PLEASE PRINT OFF, SIGN BY HAND, AND RETURN TO REFERRAL AGENT OR ADDRESS AT THE TOP OF THE FORM

Parent/ Guardian Signature

Name of Parent/ Guardian & Relationship to Child

Date



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