

**BRIGHTON & HOVE CITY COUNCIL
CHILDREN AND YOUNG PEOPLE'S TRUST**

OFFSITE ACTIVITY MEDICAL AND CONSENT FORM

Full Name of Student		IMPORTANT The parent or guardian must complete this form if the participant is under 18 years of age and by the participant of he/she is over 18 years of age. Data Protection Act 1998 Your details will be kept within the records of the Establishment. We will keep your records to inform you of any subsequent trips/activities that we feel may be of interest to you. We may contact you from time to time, but we WILL NOT pass your details on to any other organization. You can have your details removed at any time by contacting us.
Date of Birth	Male/Female	
Contact Name for Next of Kin		
Relationship to Student:		
Next of Kin's Telephone Numbers (incl. STD):		My child has own PASSPORT YES / NO If No please provide passport size photo My Child is British National YES / NO My Child has valid EHIC Card YES / NO
Home		
Work		
Mobile		
Alternative person to contact & number		
Contact for Doctor (Name and Address)		
Doctor's Telephone Number		
Do you consider your child to have a disability? Or special diet Please circle as required: None Dyslexia/Learning Difficulties Blind/Partially Sighted Deaf/Hard of Hearing Wheelchair Use/Mobility Problems Need Personal Care or Assistance Mental Health Difficulties	Please give details of any current medical treatment including medication:	Unseen Disabilities eg. Diabetes, Allergies, Epilepsy, Asthma or Heart Condition or other disability not listed above (please state)
		Details of last tetanus injection: Have you had one in the last 10 years YES / NO
<p>I understand that my child is responsible for all his/her valuables/belongings and will not hold Patcham High School responsible in the event of any loss/damage or theft. I am also happy for my child to take place in any of the activities relating to this trip. I understand to inform the leader of any changes in the fitness of the participant prior to the date of departure.</p> <p>I am in agreement that in an emergency, those in charge may give permission for the participant to receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.</p>		
Signed: (Parent/Guardian)		
Date:		
PLEASE RETURN THIS FORM A.S.A.P TO STUDENT SERVICES		