

Please state date of last anti-tetanus injection (if known) / /

Does the child/young person suffer from any allergies? Yes No (Please tick)
(e.g. medicine, food, insects...)
(If yes, please give details)

Does the child/young person have any medical conditions about which we should be aware? Yes No (Please tick)
(e.g. asthma, fits, migraine, epilepsy)
(If yes, please give details)

Does the child/young person have any disability about which we should be aware? Yes No (Please tick)
(If yes, please give details)

Is the child/young person taking any medication? Yes No (Please tick)
(If yes, please give details.)

Has the child/young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks? Yes No (Please tick)

(If yes, please give details.)

Declaration

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for[insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following:

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic:

Yes No (Please tick)

Signed (parent or adult with parental responsibility)

Date / /