

## Medical and Consent Form

School \_\_\_\_\_

A consent letter must be signed by parents/guardians/carers. It is important that all consent letters:

- ask parents to consent
- disclose medical conditions
- provide emergency contacts and undertake to resume care of children according to the code of conduct

Consent letters should state that the emergency services will undertake immediate lifesaving procedures without consent. All further surgery will need parental approval as normal.

Would parents/guardians please read through and complete this form and return it to the member of staff responsible for organising the school journey. The form will then be handed over to the residential Centre during the educational visit. All information given will be treated as strictly confidential and all forms will be destroyed at the end of the visit.

**Please print all details clearly**

### Personal Details:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact:

Name of person to be contacted in an emergency: \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number(S): home \_\_\_\_\_ mobile \_\_\_\_\_

### Medical Details:

Name of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Your child's National Medical Card number (*if available*): \_\_\_\_\_

### General Information:

1. Does your child suffer from any allergies ( e.g. penicillin, nut or food items, plasters)? **\*YES/NO** If **YES**, please give details:

2. Is your child suffering from any illness or health problems (e.g. asthma, diabetes)? **\*YES/NO** If **YES**, please give details:
  
3. Is your child currently on a course of tablets or medication? **\*YES/NO**  
If **YES**, these must be handed to the journey leader before departure with clear, written instructions for their use.
  
4. Does your child require a special diet for medical reasons? **\*YES/NO**  
If **YES**, please give details:
  
5. Has your child had a tetanus injection in the last 5 years? **\* YES/NO**  
If **YES**, please give the date:  
  
(dd/mm/yyrr) ...../...../.....
  
6. If necessary, would you agree to the school staff administering a mild painkiller (e.g. Paracetamol or Calpol)? **\*YES/NO**

## Declaration by Parent/Guardian

I consent to my child taking part in the activities while on school journey. I also consent to my child undergoing emergency first aid, medical or dental procedures if necessary and I understand that treatment will only be carried out by trained first aiders or medical practitioners.

I acknowledge and understand the need, for both social and safety reasons, for my child to behave in an obedient and responsible manner for the duration of the school journey.

Name of Parent/Guardian:

\_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

This is an agreement between Gorsefield, the training organisation and the parent or guardian of the pupil taking part in the cycle training.

The centre acknowledges that having taken part in the training it does not necessarily follow that it is safe for the pupil to ride a bicycle in all situations and conditions. To become a proficient cyclist takes much more practise than lessons of this kind can provide.

The centre advises all parents and pupils to consider wearing a helmet.

If parents/guardians choose for their child **not to wear** a helmet during lessons they must understand that Gorsefield and the training organisation will not be held liable for the results of any injury which it is later established that may have been prevented by the wearing of a helmet.

If parents/guardians choose for their child to **wear** the helmet that the centre provides they must understand that Gorsefield and the training organisation will not be held liable for the results of any injury which it is later established may have been caused by wearing of a helmet.

The instructor will advise on the fit of the helmet but will not necessarily be able to judge from its appearance if it is good condition.

**I, the parent/guardian wish my child to *wear* a helmet**

**I, the parent/guardian wish my child to *not wear* a helmet**