

PARENTAL CONSENT FORM

The following information is required to help your child gain as much benefit as possible from their stay at Lea Green and will be regarded as confidential. We would appreciate your support in completing this form as fully as you can.

Name of school/youth group _____

Title of Course _____

Dates of stay at Lea Green from _____ to _____

Names of young person _____

Date of Birth _____

Address _____

MEDICAL INFORMATION

1. Does your child have any conditions requiring medical treatment, or take any medication regularly? YES / NO

If yes, please give details _____

2. Please specify the type of pain relief and flu medication your child may be given if necessary _____

Is your child allergic to any medication? YES / NO

If yes, please specify _____

3. When did your child last have a tetanus injection? _____

4. To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or have they suffered from anything in the last four weeks that may be contagious or infectious? YES / NO.

If yes, please give details _____

5. Name and address of your family Doctor _____

Telephone Number _____

PERSONAL INFORMATION

1. Does your child have any particular dietary requirements? _____

2. Does your child have any other special requirements, or is there anything else you think we should know? _____

Contact telephone numbers:

Home _____ Work _____ Mob _____

Alternative emergency contact:

Name _____

Tel No. _____

Address _____

Please let the school / youth group, or Lea Green, know as soon as possible should any of the above information change.

DECLARATION

I understand that participating in a course at Lea Green may involve my child taking part in such adventurous activities as, but not limited to, stream walking, rock scrambling, orienteering and night walks.

I acknowledge the need for responsible behaviour by young people at all times.

I agree to my son / daughter receiving medication as instructed, and any emergency dental, medical or surgical treatment, including anaesthesia and / or blood transfusion, as considered necessary by the medical authorities present.

Course participants are not covered by a personal accident policy. Parents or students who may wish to arrange this cover are asked to consult their own insurance company.

Name _____ Signed _____

Date _____