

CHILD MEDICAL FORM (UNDER 18) /PARENTAL CONSENT FORM



Group..... Child's name

Date of Activity/...../..... Child's date of birth/...../.....

Home address

Please record any current medical condition and special educational needs

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Please list any dietary requirements

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Please list all known medical conditions (including food and/or drug allergies and include all over the counter or prescription medication taken regularly)

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Doctor's name and address

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Statement of Consent

I hereby give my permission for my son/daughter to take part in outdoor and adventurous activities with Newquay Forest School. This may involve prolonged periods of physical exercise, climbing trees, use of sharp tools and eating wild food. I also hereby grant permission for any medical attention including administration of first aid, use of ambulance and the administration of anaesthesia and/or surgery (under the recommendation of qualified medical personnel) to be administered to my child in my absence, in the event of an injury or illness, until such time as I can be contacted.

Parent/ Legal guardian

Signed..... Print..... Date

Emergency Contact Number 1.

2.

Please tick box if you do not consent to photographs being taken by Newquay Forest School which may be used in online and other official publications.