

**PARENTAL/GUIDANCE CONSENT FORM AND MEDICAL INFORMATION FORM FOR
THE EXTENDED SCHOOLS SUMMER CAMP BEING HELD AT UPTON HALL
SCHOOL(FCJ)**

N.B: ALL SECTIONS OF THE FORM SHOULD BE COMPLETED BY THE PARENT/GUARDIAN

1. Personal Details

I agree to my son/daughter/ward

Full Name:

Address:

..... School:

taking part in the Extended Schools Summer Camp being held at Upton Hall School (FCJ). I acknowledge the need for obedience and responsible behaviour on his/her part.

2. Medical Information

Cross out the YES or NO which does not apply.

a. Does your son/daughter/ward suffer from any of the following conditions:

Asthma	YES/NO	Bronchitis	YES/NO
Chest Trouble	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Attacks	YES/NO
Heart Trouble	YES/NO	Migraine	YES/NO
Raised Blood Pressure	YES/NO	Tuberculosis	YES/NO

If YES, please give full details

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b. Does your son/daughter/ward suffer from any other condition requiring medical treatment, including medication? YES/NO

If YES, please give details:

c. To the best of your knowledge has your son/daughter/ward been in contact with any contagious or infectious diseases, or suffered from anything recently, that may become infectious or contagious? YES/NO

d. Is your son/daughter/ward allergic to any medication, insect bites, food etc? YES/NO

e. Is your son/daughter/ward taking any form of medication on a regular basis? YES/NO

If YES to c., d., or e. please give details:

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f. Has your son/daughter/ward received a tetanus injection in the last 3 years? YES/NO

g. Has your son/daughter/ward any special dietary requirements? YES/NO

If YES, please give details:

3. Emergency Contacts (including family doctor)

I may be contacted by telephoning the following numbers:

Work: Home:.....

My home address is:

.....

If not available at the above, please contact:

Name: Tel No:

Address:

.....

Name of family doctor: Tel No:

Address:

4. Declaration

I understand that the teacher/youth worker in charge of the group will be acting in 'loco parentis' and in the event of an accident I agree to my son/daughter/ward receiving emergency dental, medical or surgical treatment which might include the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities present.

I undertake to inform the organizer as soon as possible of any change in the medical circumstances of my son/daughter/ward between the date on which I completed this form and the commencement of the activity.

I understand the extent and limitations of the insurance cover provided, and that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no personal accident or other cover.

Parent/Guardian Signature:

Date: