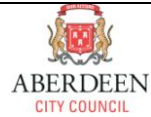


PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE AS SOON AS POSSIBLE

V4

**CONSENT, MEDICAL INFORMATION AND
EMERGENCY CONTACTS FORM**



VISIT TO	ALL ROUTINE AND EXPECTED CURRICULAR VISITS	DATE	2015/16 YEAR
LEADER	SCHOOL STAFF		

PUPIL NAME		AGE & D.O.B.	
Pupil Mobile Number			
Address			
Parent / Carer Name (if applicable)			

EMERGENCY CONTACT INFORMATION			
First option - Name		Tel (Home)	
Address		Tel (Mobile)	
Second option - Name		Tel (Home)	
Address		Tel (Mobile)	

SWIMMING – For water based activities and swimming pools
Can the above named person swim YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how far do you think they can swimmetres. If they can not swim would they be confident in water with an approved buoyancy aid or life jacket YES <input type="checkbox"/> NO <input type="checkbox"/>

MEDICAL – Please give full and accurate information			
Doctors name		Practice	Tel
Recent medical issues / illnesses / surgery			
Has your child / ward been in close contact with any contagious diseases?			
If yes please give details			
Any infections in the last 4 weeks			
Any current course of medication			
Any restrictions you would wish to place on emergency treatment:			
I authorise all medical and surgical treatment, including X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/carer can be reached in the case of an emergency.			
Parent / Carer's signature		Date	

PHOTOGRAPHY
Please tick the box If you do not consent to photographs being taken of your child / ward that could be used to promote activities in the Establishment / Council. <input type="checkbox"/>

CONSENT			
I, being over 18yrs of age or having parental rights and responsibilities towards the above named person understand the nature of the excursion / activities and agree to them taking part and that they are fit and able to do so. By signing this form I agree to Aberdeen City Council's terms and conditions which can be found at www.aberdeencity.gov.uk/AdventureAberdeen/About/adventure_about.asp and also understand that it is my responsibility to inform the excursion leader of any significant changes to the information I have provided about the person named in this form between now and the excursion taking place.			
Name (Block Capitals)		Signature	Date
Name (Counter signature for young persons 16 – 18)		Signature	Date