

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

V4	 ABERDEEN CITY COUNCIL
CONSENT, MEDICAL INFORMATION AND EMERGENCY CONTACTS FORM	

VISIT TO	ALL ROUTINE AND EXPECTED CURRICULAR VISITS	DATE	2016/17 YEAR
LEADER	OLDMACHAR ACADEMY STAFF		

PUPIL NAME	CLASS	D.O.B.
Pupil Mobile No		
Address		
Parent / Carer name)		

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 swim metres. If they cannot 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 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. A copy can be found at www.aberdeencity.gov.uk/AdventureAberdeen/About/adventure_about.asp				
Name (Block Capitals)		Signature		Date
Name (Counter signature for young persons 16 – 18)		Signature		Date