

Consent Form

Personal Profile / Health Form

PLEASE PRINT CLEARLY

Surname.....Forename.....

Home address.....

.....Postcode.....

E-mail address.....

Telephone.....

Date of birth.....School.....

Recent inoculations (within 5 years).....

Date of last Tetanus Injection.....

Prescribed medicines (tablets, insulin etc.).....

Medical conditions (asthma, hay fever, allergies or disabilities etc.).....

.....

Special dietary needs (Vegetarian, food allergies etc.).....

.....

Is there anything else we should know?.....

For Emergency Contact Name and address of next of kin (Parent / guardian)

Name.....

Address (if different from above).....

Telephone : day.....(including area code)

evening.....(including area code)

Doctor's Name.....

Address.....

Please delete any section not permitted

I, the undersigned(name of parent or guardian)

give permission for.....(first name)

.....Surname)

to take part in Woodcraft Folk group activities.

Travel

I give permission for her/him to travel unaccompanied by myself and agree that she/he will be under the authority of and responsible to the Group Leaders. I give permission for her/him to travel in coaches/minibuses fitted with seat-belts.

Swimming and Watersports

I give permission for her/him to go swimming and take part in watersports under the authority of and responsible to the Group Leaders.

Please ring swimming ability - Non-Swimmer 25m 50m 100m 500m 1000m

Medical

If during any activity she/he requires non-prescription medication, such as paracetamol, cough-linctus, anti-histamine tablets, they may be given under the direction of the responsible group leader.

If during any activity she/he requires urgent medical treatment, and provided that I cannot be contacted personally, I give permission to the Doctor or Surgeon designated to make any decision that might prove necessary, knowing I shall be informed as soon as possible.

Publicity

I give permission for her/his photograph to appear on any publicity material, including the web site (www.cambridge-woodcraft.org.uk). No names will be published.

I confirm I have parental responsibility for this child

Signed.....Date.....

Name of Woodcraft Group.....