

The Woodcraft Folk — Group Activities – Health and Parental Consent Form — Strictly Confidential

Personal Profile / Health Form PLEASE PRINT CLEARLY

Surname _____

Forenames _____

Home address _____

Postcode _____

Telephone (day) _____ (evening) _____

Date of birth + age _____ 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? _____

Emergency contact information: one adult at home, another trusted adult, doctor

1st emergency contact name (at home address) _____

2nd emergency contact name _____

Address _____

Telephone (day) _____ (evening) _____

Doctor's Name _____

Address. _____

Consent Form

Please delete any section *not* permitted

I, the undersigned

.....(name of parent or guardian)

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

.....(surname)

to take part in the 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 minibuses.

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 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.

Publicity

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

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

Name of Woodcraft Group.....

Form design last revised 15 March 2009