

BRACKNELL FOREST COUNCIL		
CHILDREN, YOUNG PEOPLE AND LEARNING		
MEDICAL AND CONSENT FORM		
<p>IMPORTANT: This form must be completed and signed by the Parent/Carer if the participant is under 18 years of age. Participants over the age of 18 including adults and young people living independently should complete and sign the form on behalf of themselves.</p> <p>Establishment: (e.g. project, school, youth centre etc)</p>		
Visit/Activity:	Date/s:	
Please provide the following details in respect of the PARTICIPANT:		
Full Name:	Date of Birth:	
Home address including post code:		
Mobile Phone Number (if applicable):	Date of last Tetanus Injection:	
Participant's Doctor's contact details:	NHS number:	
Doctor's Name:		
Address including post code:		
Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:		Telephone:
Please give details of all current medical treatment, including medication:		
Special Dietary Requirements:		
Please provide further information on separate sheets as necessary		

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Please provide the following details in respect of the NEXT OF KIN:	
Full Name:	Telephone (including STD code):
Relationship to Participant (e.g. mother):	Home:
How should they be contacted in an emergency?	Work:
	Mobile:
Home address:	
Declaration of Consent	
I acknowledge receipt of and understand the information about the proposed visit/activity. I undertake to inform the Group Leader of any changes in the fitness of the Participant prior to departure.	
<ol style="list-style-type: none"> I consent to the above named Participant taking part in the activity/visit. I agree / do not agree (please delete as appropriate) that the staff on the activity can give permission for the Participant to have any medical treatment that medical authorities think necessary, including anesthetic and blood transfusion. I agree / do not agree (please delete as appropriate) to the use of any photographs and/or videos taken of the Participant being used in the press or promotional material relating to the functions of the Council and/or Establishment), including on the Council's/Establishment's website and/or Facebook. I understand that by agreeing to this I also agree to the Participant's name being used in any caption or article used with the photograph / video. I also understand that if and to the extent that any resultant photograph/video constitutes personal data within the meaning of the Data Protection Act 1998, my consent operates as consent, on behalf of the Participant, required by the Act, but only for the purpose indicated above. 	
Signed:	Date:
Relationship to the Participant:	
The information you have provided will be recorded on the Council's database that will only be used in the event of an emergency by the Council, the Offsite Visits Advisor and the Establishment. No information held on this database will be disclosed to outside organisations or third parties without your written consent, unless there is a legal requirement to do so.	
To be completed by the PARTICIPANT:	
I understand that for the groups own safety I will undertake to obey the rules and instructions of members of staff.	
Signature of Participant:	Date:

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