

Medical Information and Consent:

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition which could affect the care and treatment of your child/ward. All information requested will be treated in strict confidence and will not necessarily prejudice the inclusion of your child/ward in the activity. It is in the interests of your child/ward that full and accurate information be given.

Recent surgery for _____ Date _____

Any known allergy to medicine (e.g. penicillin) _____

Is your child undergoing treatment by a doctor? (If so, please give details)

Any medical condition which a doctor should know before carrying out treatment (e.g. Asthma)

Please state any restrictions you wish to place on emergency medical treatment

Please give details of any special diets e.g. vegetarian/diabetic/no specific "E" numbers etc.

Details of any special cultural or religious considerations that you would wish to be made.

Any additional information

Name of
Family Doctor _____
Address: _____

Tel No: _____

I hereby consent to the submission of the above-named to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anesthetic.

I understand that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to his/her own medical treatment if the doctor attending is of the opinion that he/she understands the nature and consequences of such treatment.

<u>Initial</u> <u>here</u>

Declaration

I hereby give consent for my child/ward to take part in the above activity and confirm that my initials placed in the boxes above indicate that I fully understand the various implications of my consent. I also understand that it is my responsibility to inform the visit leader of any significant changes to the information I have provided about my child/ward between now and the excursions taking place.

Signature _____ Date: _____

NB If you are unable to initial any one or more of the boxes above but still wish your child/ward to take part, please contact the party leader.
If you are having difficulty with reading or translating this form and the information sent with it you should contact the visit leader.