

INGLEBOROUGH HALL OUTDOOR EDUCATION CENTRE

CONFIDENTIAL MEDICAL FORM (Under 18s)

(including essential information to assist Doctors / Hospital when treating medical emergencies)

SCHOOL:

COURSE DATES:

Name of pupil: Gender: Age: Date of Birth:

Home Address:

..... Post Code:

Parent / Guardian: name: Home Telephone:

Emergency contact: day: tel: Emergency contact: night: tel:

Doctors name & address: tel:

Special dietary requirements:

.....

Please give details of any recent injury, or illness (requiring medication), suffered by your son / daughter:

.....

Please give details of any relevant * disability, or ongoing medical condition e.g. asthma, diabetes:

Please note : participants will not be taken off-site if they do not have their inhaler/'epipen' auto-injector

.....

If your son / daughter is currently taking medication on the advice of a Doctor please give details:

.....

Please give details of any known problems that you feel we should know about e.g. sleepwalking / allergies etc.....

.....

When was the last Tetanus injection

- I will inform the school if there is any change to the above information.
- I understand that whilst every effort will be made to contact me in an emergency this may not be possible and I am willing for my child to receive emergency medical treatment and for the teachers acting in loco parentis to sign any necessary consent.
- I declare that the information given above is accurate to the best of my knowledge.

Signature of parent / guardian: Date:

Print name of parent / guardian:

(* In relation to their ability to take part in the programme of activities, and to evacuate unassisted from the building in an emergency. N.B. access to the accommodation is by staircase. If in doubt please consult the Centre or seek advice from your doctor.)

Data Protection: personal information provided on this medical form plus any subsequent information is held in its original form and also in summary for course administration purposes and to assist with the delivery of the course. By providing the Centre with this information you are agreeing that it can be kept for the duration of the course and accessed by authorised Centre personnel. This form will be destroyed after the course.