MEDICAL/TRAVEL CONSENT FORM

This information is strictly confidential. It should be completed by **all participants** and returned to YHA Edale Activity Centre as soon as possible.

Name of course/holiday……..…… Date of course ……

Name of participant …… **Date of Birth**…… **Sex ……..**

Home Address …….. **Contact address during course/ holiday if different from home address** ……

…….. ……..……

…….…. ……...……

…… ...……

Tel No. …….. **Tel No.** …….

Family Doctor's name and address ……..……..

…….. **Tel No**……

This section to be completed and signed by everyone. If participant is under 16 years of age this should be completed by a parent or guardian.

Please state if you/your child suffers from any allergies and what form they may take

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Have you/your child ever suffered from: (If YES, please give details)

Asthma ……
Epilepsy ……
Diabetes ……
Heart condition ……

Have you/your child been vaccinated for Tetanus? ……
If YES please give the date of your last injection and if a booster dose has been given ……

Details of any other medical conditions requiring regular treatment or likely to make medical treatment necessary.

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Details of special diet (inc. vegetarian) ……..

I agree to my child participating in this holiday/activity and I understand the nature of the activities undertaken. I also agree to medical and dental treatment being given to him/her if required, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendations of a qualified medical practitioner.

Signed …… **Date** ……..

Relationship to child (if applicable) ……

PLEASE NOTE that without the above signature your child, if under 16, will **NOT** be permitted to participate in any outdoor activities.