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| **OA4 Off-Site Activity Medical and Consent Form** |
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| ORGANISATION: **NAME of participant: male/female****Important:** This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age. |
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| Address of Participant: Telephone No. (inc. STD):Post Code: Date of Birth: |
| CAPS_Ball_Silver_1000pxEmergency Contact DURING PERIOD OF ACTIVITYName:Address: Tel. No: Alternative Tel. No:Post Code: Relationship to Participant: |
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| DOCTORS name:Address:Post Code: | Telephone No. (inc. STD) | Details of last Tetanus injection date:OR, have you had one in the last 10 years?YES / NO  |
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| Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc.Please give current treatment including medication.Details of any special dietary requirements. |
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| STATEMENTI ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY TO…………NETBALL……………………AND CONSENT TO THE ABOVE PERSON PARTICIPATING.I have ensured that my child/ I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of the participant/myself prior to the date of departure.I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.Signed: Parent/Guardian/ParticipantDate.  |