

Consent and Health Form for Outings and Residential Stays

Church of England Diocese of Derby, parish of _____

Name of the Group: _____

This form to be returned to: _____

Dates and times of activity/residential: _____

Travel arrangements, including departure and return times and venues:

Name of group leader: _____

Phone number: _____

Child or Young Person's details

Name: _____

Date of Birth: _____

Address: _____

Home phone numbers including mobiles:

Day: _____

Evening: _____

Mobile: _____

Doctor's name, address and phone number: _____

NHS Number if known (NB not the National Insurance number) _____

Are there any medical problems that could affect normal activity? (eg allergies, hay fever, asthma, epilepsy, diabetes, glandular fever, migraine, fits or faints, period pains, nervous disorders, attention deficiency syndrome, learning difficulties, hearing or sight problems etc.)

Are there any specific dietary needs? _____

Date of last anti-tetanus injection: _____

Will they have any medicines or tablets with them? (including headache tablets) If so please give details:

Are there any strategies you use that will aid us while we care for your child? If so, please specify or talk to the Leader well before the day of the trip.

Signed _____ Parent/Carer/Guardian

Date _____