

OFFSITE ACTIVITY MEDICAL & CONSENT FORM

OHA 4

Full name of Establishment/Project		<p style="text-align: center;">IMPORTANT</p> <p>The parent or guardian must complete this form if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.</p> <p><small>Data Protection Act 1998: Your details will be kept within the records of West Berkshire Council's Culture & Youth Service. We will keep your details to inform you of any subsequent trips/activities that we feel may be of interest to you. We may contact you from time to time, but we WILL NOT pass your details on to any other organisation. You can have your details removed at any time by contacting us.</small></p> <p><small>During the course of the trip/activity there may be times when photographs are taken of young people for publicity reasons. If you do not wish photographs to be taken of the young person named above, please tick this box <input type="checkbox"/></small></p>
Name of participant		
Address of participant	Telephone No. (incl. STD) Participant's Date of Birth:	
Contact for next of kin Name Address Post Code	Next Of Kin's Tel No. (incl. STD) Home Work Relationship to participant:	
Contact for Doctor Name Address Post Code	Doctor's Telephone No. (incl. STD)	Details of last tetanus Injection OR Have you had one in the last 10 years? <p style="text-align: right;"><u>YES/NO</u></p>
<p>Do you consider that you have a disability? Please circle as required:</p> None Dyslexia / Learning Difficulties Blind/Partially sighted Deaf/Hard of hearing Wheelchair user/mobility problems Need personal care or assistance Mental health difficulties Unseen disabilities e.g. diabetes, allergies, epilepsy, asthma or heart condition or other disability not listed above (please state).....	Please give details of any current medical treatment including medication Details of any special dietary requirements or dislikes:	To which of these groups do you consider you belong? (Please tick one box) White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Mixed <input type="checkbox"/> Chinese <input type="checkbox"/> Other
<p>STATEMENT I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY AND CONSENT TO PARTICIPATING. I have ensured that my child/I understand(s) the information below and for his/her/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 am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.</p>		
Signed: _____ Parent/Guardian/Participant		Date: ____ / ____ / ____
I understand that for the groups and my own safety, I will undertake to obey the rules and instructions of members of staff.		
Signature of Participant: _____		Date: ____ / ____ / ____
<p>PLEASE RETURN THIS FORM TO THE MOORSIDE OR WATERSIDE CENTRE</p>		