

TRI-IT

Consent form for activity / visit (to be completed by all attending)

School / Group

Activity Details.....

From..... Date/Time.....

To..... Date/Time.....

I agree to.....(name)
taking part in this visit / these activities and have read the information sheet
relating to the activities.

I agree to.....,s participation in the activities.

I acknowledge the need for.....to behave responsibly.

Medical Details:

Has the above named any conditions that require medical treatment, including
medication ? Yes / No

If yes please give details:

.....
.....
.....

Has the above named any specific dietary requirements?

.....
.....

If necessary what form of flu/pain relief medication may be given?

.....
.....

Is the above named allergic to any medication?

.....

.....
When did the above named last have a tetanus injection?
.....

I undertake to inform the group leader of any changes in the medical or other circumstances that may arise between now and the commencement of the visit / activity.

Declaraton:

I agree to the above named person receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Contact address details:

Work.....Home.....Mobile.....

Address.....
.....

Alternative emergency contact:

Name.....Tel no.....

Address.....
.....

Doctors details:

Name.....Tel no.....

Address.....
.....

Signed.....Date.....

Full name (capitals).....

Relationship to named.....

