



ESSENTIAL INFORMATION AND MEDICAL FORM

**For Use in MEC’s Children and Youth Non-Residential Clubs and Activities
On Site and Off Site**

TO BE COMPLETED BY PARENT/CARER FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18

PART A - YOUNG PERSON’S DETAILS

Surname First Name
Date of Birth..... (DD/MM/YYYY)..... Home Telephone No.
Address
.....Postcode

PART B – PRIMARY CONTACT/S (Person/s holding parental responsibility at the above address)

Name Relationship to child
Mobile No..... Email
Preferred method of contact: Landline / Mobile / Text / Email

Name Relationship to child
Mobile No..... Email
Preferred method of contact: Landline / Mobile / Text / Email

PART C – OTHER PARENTAL CONTACT (Please use this section if a parent lives at a separate address but has parental responsibility)

Name Relationship to child
Address.....
..... Postcode Tel. No
Mobile No. Email
Preferred method of contact: Landline / Mobile / Text / Email

Wishes to receive club information for parents YES / NO

PART D – OTHER EMERGENCY CONTACT

Name Relationship to child
Address.....Postcode
Tel. No Mobile No.

PART E - FAMILY DOCTOR

Name Tel No.

Address..... Postcode.

PART F - MEDICAL INFORMATION

Please indicate if your child suffers from any medical condition, however mild, or is taking medication on a regular basis. Conditions such as asthma, epilepsy, diabetes, heart condition, allergies or physical weakness should be included:

.....

Please give details of any current medical treatment, or medication being taken by your child on a regular and continuing basis:

.....

PART G - DIETARY REQUIREMENTS

Please give details of special dietary requirements, food allergies, etc. (e.g. vegetarian, non-dairy food, peanut allergy, etc):

.....

PART H – CONSENT (Please tick the appropriate box)

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1. I give permission for my child to walk home unaccompanied (Y5+ only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I give permission for photographs/film of my child to be taken during normal club activities for use in club. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I give permission for photographs/film including my child to be included in MEC’s annual reports, annual magazine and on MEC’s website | <input type="checkbox"/> | <input type="checkbox"/> |

Please carefully read the paragraphs below and sign if you are in agreement:

In the unlikely event of illness or accident, I understand that every effort will be made to contact me as soon as possible. I give permission for any necessary medical treatment to be given to my child by the nominated first aider or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted.

Parent/Carer’s signature **Date**

I certify that all the information given in this form is correct at the date of signing and understand that it is my responsibility to inform MEC of any changes. I understand that this information will be held for contact and for use in emergencies.

Parent/Carer’s signature **Date**

Parent/Carer’s name (please print)