

# Activity & Medical Consent Form 2016

Please complete this form and hand in before the activity to any Above & Beyond Member of Staff



**Activity:**

**Date of Activity:**

The information on this form is private and confidential and will only be used in an emergency during the activity provided.

## PERSONAL DETAILS

Name:

Date of Birth:

Gender: Male  Female

## CONTACT DETAILS

Home Address:

Post Code:

Home Phone:

Mobile Phone:

Next of Kin Name:

Home Phone:

Mobile Phone:

## MEDICAL DETAILS

Doctors Name:

Doctors Address:

Doctors Phone No.:

Special Needs (for example, medical, diet or other)

## OTHER MEDICAL INFORMATION

(a). Please list any known allergies eg antibiotics, plasters, aspirin, other medicines or food

(b). Please specify any dietary requirements for example, vegetarian, halal, gluten free etc.

(c). Please give details of any known medical condition e.g. asthma, migraine, hay fever.

(d). Please give details of any medicine or treatments being taken.

## MEDIA

We are proud of the work we do and like to record our work, with this in mind a photo or video record of any events may be taken for display or promotional purposes through our website, social media, newspapers, flyers and promotional materials. You must notify any Above & Beyond member of Staff should you have any objections. On request any photos or videos will be made available to you. If we use any of the media the people will not be named.

Signed

## EMERGENCY PERMISSION

In the event of illness or any accident requiring emergency medical treatment, I authorise any treatment necessary.

Signed

The adult signing must be a person with parental responsibility for a child and must have full legal rights over the child

If you need any further information, please call 0845 2268 074

Forms can be email to [info@aboveandbeyondcic.org](mailto:info@aboveandbeyondcic.org)