

Confidential – U18’s Personal Details/ Medical Form

This form must be signed by the parent or guardian of children under the age of 18. Staff responsible for students on a residential visit are acting in loco parentis and therefore need this information and parental permission to help them properly exercise their duty of care.

Course date booked:		School/college:		
Surname:	Forename:	National Health No .	Age:	Sex:
Home address:		Email:		
		Home Tel:		
		Mob:		
		Date of birth:		
Next of kin and Address:		Doctors name and address (student’s):		
24h Contact Tel:		Contact Tel:		
Work Tel:		Email:		
<p>Are there any special medical or physical circumstances of which the Centre staff should be aware, e.g. asthma/epilepsy/diabetes/dislocations/disabilities: or any ALLERGIES e.g. Penicillin/ aspirin/ elastoplasts? <i>Please give all relevant details about how something could affect your performance at the centre. Contact the centre if you need additional information about how an activity might affect you, and check with your doctor if you are not sure of how a condition might affect your ability to participate (continue on another sheet if necessary).</i> We endeavour to be as inclusive as practically possible. Failure to disclose relevant information may result in your child being put in a situation that endangers their health or even worse. ENSURE that information is up to date in view of the day they depart and visit the centre.</p>				
<p>Is your child receiving any regular medical treatment? <i>Give details and the required dose</i></p>				
<p>Do you wish a member of staff to look after any medicines? <i>If so, you must hand all medications and instructions to the school course coordinator</i></p>				
<p>Do you give permission for paracetamol/Calpol to be given to your child if necessary?</p>				
Is their tetanus up to date?		Date of last vaccination:		
Their swimming ability: <i>(please circle distance)</i> You must be able to swim 25m to go White Water Rafting		Non swimmer	25m	50+m
Details of any special dietary requirements e.g. vegetarian, Halal or food allergies:				

I understand the conditions under which my son/daughter has been accepted on a course at Blue Peris. I hereby agree that my son/daughter may take part in the activities organised by the Centre Manager or his representative and I agree to him/her receiving such medical treatment as may be deemed necessary, should, in the opinion of the physician concerned, the delay in contacting myself be potentially injurious to my child's health. In consideration for the Centre staff and Fusion Lifestyle I/we agree to indemnify these against all claims, costs, actions and demands whatsoever resulting from taking part in the programme of activities or the administration of medicines unless such claims, costs, actions or demands result out of the negligence of the Centre staff or Fusion Lifestyle. I also understand that the centre does not provide cancellation insurance. Therefore, the centre will not be liable in view of student/s who do not attend due to illness, missed coach, holiday issues, home issues, personal issues, accidents which prevent them attending. Finally students possessions are not insured by the centre or Fusion Lifestyle

If you do not permit photos/videos to be used as publicity material / social media the Centre or Fusion Lifestyle please tick the box:

Signed:	Date:
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