

**MEDICAL FORM FOR CHRIST CHURCH
EXPLORERS AND HOLIDAY CLUB 2015**

Please complete the information on this form. It will help us keep in contact and will inform us of any medical information we need to ensure your child is safe. Please note all the information held on the form is confidential and will only be held by the group leaders. Thank you for your help.

Child's Full Name: _____

Child's Date of Birth: _____

Child's Home Address: _____
Including Post Code

Details of Parents/Guardians:

Contact 1: _____ **Relationship:** _____

Home Address: _____
(if different to above) Including Post Code

Email: _____

Telephone: _____ Mobile: _____

Contact 2: _____ **Relationship:** _____

Home Address: _____
(if different to above) Including Post Code

Email: _____

Telephone: _____ Mobile: _____

Medical Details of Child:

Doctor's Name: _____

Doctor's Address: _____

Telephone: _____ NHS Number: _____

Date of last anti-tetanus injection (if known): _____

If the answer to any of the following questions is "yes" please give details overleaf:

- Is he/she taking any medicine, following any treatment or diet etc? Yes/No
- Does he/she suffer from any recurrent illness – asthma, hay fever, migraine, fits or faints or any other illness or disability Yes/No
- Is he/she known to be allergic or sensitive to anything (eg penicillin, aspirin, other medicines, food etc)? Yes/No

Does your child have a disability or any other additional needs? (please give details below) Yes/No

Photo Permission: I consent to photographs and video recordings being made of my child and for these to be used for craft activities, church publicity and on our website No/Yes

Parental Consent and Authorisation

I give my permission for the child named on this form to attend and take part in the activities of Explorers and the Holiday Club (if a place is available). I understand that while involved, he/she will be under the supervision and care of the group leader, and/or other adults approved by the PCC, and that, while staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity. In the event of illness or an accident requiring emergency hospital treatment, I authorise the Leaders from Christ Church to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signed: _____ Date: _____

Years 5 and 6 only: I give permission for the above named Year 5/6 child to de-register him/herself at the end of each **Explorers** session.(NB this does not cover Holiday Club where a different system operates). Yes/No

NB: The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. This view is explicit in the Children’s Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have a general consent in advance from parents or have a leader on hand to sign forms.

*This form will be retained for the period September 2014 to September 2015 only.
Please notify in writing any changes to these details. Thank you!*