

**The Hart School – Summer Programme
Monday 2 August – Friday 6 August 2021
Medical Form**

This form must only be completed if you have parental responsibility. If there are any changes to the details provided between completing the form and The Hart School Summer Programme taking place you must inform us.

Name of participant

Date of Birth

Address

Home Telephone No.

Contact 1:

Name of parent or contact(s)

Relationship

Work Telephone No.

Mobile Telephone No.

Contact 2:

Name of parent or contact(s)

Relationship

Work Telephone No.

Mobile Telephone No.

Name of Participant's Doctor

Doctor's Address

Doctor's Telephone Number

Has the participant received an anti-tetanus injection? If 'yes' give date

IF THE ANSWER TO ANY OF THESE QUESTIONS IS 'YES' PLEASE GIVE FULL DETAILS IN THE NEXT SECTION

(Please select YES or NO)

1. Will the participant need to bring in medication to self-administer during the day?
2. Has the participant suffered from, or been in contact with anyone suffering from, an infectious or contagious disease in the last two weeks?
3. Does the participant suffer from?
 - a) Epilepsy
 - b) Diabetes
 - c) Asthma
 - e) Allergies (including to any medication)
4. Is there any condition that may restrict, or be aggravated by, physical activities?

THIS SECTION TO BE COMPLETED ONLY IF THE ANSWER TO ANY QUESTIONS 1-4 ABOVE WAS 'YES'

1. If the participant suffers from EPILEPSY, DIABETES, ASTHMA OR ALLERGIC ANAPHYLAXIS, please give FULL details below. These should include severity and frequency of attack, approximate date of the last attack and details of any medication taken regularly or kept for emergencies. (Confirmation of fitness to attend, from a doctor, may be required before affected participants are deemed suitable to attend some visits):

2. Condition causing restriction upon, or that may be aggravated by, physical activities and relevant details (Confirmation of fitness to participate, from a doctor, may be required in certain cases):

3. Details of allergies, including reaction to painkillers, antibiotics, analgesic and other proprietary medicines and reactions to types of food i.e. nuts.

4. Any additional information:

PERMISSIONS

I understand that I need to ensure my child attends The Hart Summer School wearing sunscreen. I give permission for the participant to receive additional sunscreen to protect against the sun if needed.

I agree to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by the medical authorities. I declare that I have answered all the above questions to be best of my ability and have not knowingly withheld any information regarding physical fitness. I undertake to inform the leader in charge of any changes to the above between the date signed and the start of the visit.

I give permission for my child to participate in the Go-Ape Trip and the activities taking place.

Email address of Parent/Carer completing this form:

Telephone number of Parent/Carer completing this form:

Name:

Date

Sign and Print Name of Parent/Carer with parental responsibility

The data provided will be used to ensure the appropriate care and treatment of participants. The data will be shared with health professionals where necessary.