



SOUTH WILTS GRAMMAR SCHOOL

GOLD MEDICAL/CONSENT FORM 2018-19

PARTICIPANT CONTACT DETAILS

Name: Date of Birth:

Address:

Email Address: Mobile Number:

PARENT/GUARDIAN

Name: Home Telephone No.....

Address:

Email Address: Mobile Number:

MEDICAL INFORMATION

DOCTOR

Name: Telephone Number: -.....

Practice Address:

Has the participant ever suffered from any of the following?

Asthma/Bronchitis	yes/no	Heart Condition	yes/no
Fits, Fainting or Blackouts	yes/no	Anxiety or Depressive tendencies	yes/no
Allergies to any drugs	yes/no	Other Allergies e.g. food/materials	yes/no
Diabetes	yes/no	Any other illness or disability	yes/no

Are they receiving any medical treatment – yes/no

If you have answered yes to any of the above, please give more information: -

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CONSENT FORM

Declaration: **Parent**

I fully understand the following:

- I am satisfied that all reasonable care will be taken for the safety of the participants and that adequate staffing and safety measures have been arranged.
- I understand that whilst taking part in D of E Activities, my daughter will be under remote supervision and not accompanied by an adult.
- I consider my daughter to be medically fit to participate in the D of E activities, and agree to inform the D of E Manager if this situation changes.
- I agree to my daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I understand that there will be a charge for the Training, Planning/Training Weekends, as well as the Practice and Assessed Expeditions. A total cost of £325 (£200 payable by 01/11/2018, 2nd instalment of £125 by 01/04/2019).
- Gold participants will be expected to attend a planning weekend, a training weekend, one practice and one assessed expedition
- I agree to inform the D of E Manager [Sandra Morris] via email of any new medical conditions, prior to each D of E activity
- *Information may be shared between the school and D of E Manager, if this is felt necessary for the wellbeing of the young person.*

Name: Signature:

Date:

Declaration: **Participant**

I, as a participant in the D of E Award, agree to abide by the rules and act upon the instructions of the D of E Leaders/volunteers.

- I agree to attend a two-hour training meeting once a month
- I agree to switch my mobile off whilst the training sessions take place
- I agree to complete all the required paperwork by the agreed date. Failure to do this may result in not being able to take part in expeditions.
- I understand that alcohol/cigarettes/any other illegal substances are not permitted on any D of E activity. If at any time I am found to have these items in my possession, my parent will be contacted and ask to collect me immediately and I will no longer be allowed to participate with the Award.
- I understand that when attending D of E activities, if I behave in a way that is considered unacceptable, I will be asked to leave D of E.

Name: Signature:

Date: