

# HEALTH AND CONSENT FORM

## MEMBER DETAILS

Member Name	Date of Birth
1st Line of Address and Postcode	Age
	Mobile Number

GP Surgery and Postcode
Full details of any medication they will need to take, and/or any dietary requirements, disabilities, conditions, allergies, special needs or other needs they have, and/or full details of any infectious diseases the person attending has come into contact with in the past 12 weeks <small>(continue on back if required)</small> :

## EMERGENCY CONTACTS

Name	Relationship to member
Home Address	
Mobile Number	Alternative Number

Name	Relationship to member
Home Address	
Mobile Number	Alternative Number

Name	Relationship to member
Home Address	
Mobile Number	Alternative Number

Name	Relationship to member
Home Address	
Mobile Number	Alternative Number

## CONSENTS

Can the above-named person swim at least 50 metres and stay afloat for five minutes in light clothing?

YES     NO

Do you give permission for photos of them to be uploaded to our website and social media, during and after the activity/trip?

YES     NO

If it becomes necessary for the named to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and I authorise any Leader to hereby sign any documents by the hospital authorities.

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. However, it can be a great comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.

Signature	Print Name and Relationship to Member	Date
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