

# CONSENT/HEALTH CERTIFICATE

Send to: **Bev Higgs Church House Oxford, Langford Locks, Kidlington, OX5 1GF**

**Yellow  
Braces Plus 2018**


To be completed by PARENT or GUARDIAN or yourself if you are over 18 years of age.  
PLEASE USE BLOCK CAPITALS

*If your child has any particular emotional or behavioural issues, any disabilities or special needs, please contact the holiday leader as soon as possible. This will enable appropriate care to be taken of your child while he/she is with us.*

NAME OF PARTICIPANT		
Date of Birth	Male/Female	Telephone no.
Address		
Postcode		

(Please delete as appropriate)

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|--|----------|
| 1. Is there any reason why he/she should not swim or take part in any sports?  | YES / NO |
| 2. Does his/her health need any special care?  | YES / NO |
| 3. Does he/she have any other health problems?   | YES / NO |
| 4. Is there any reason why he/she should not receive any normal treatments?<br>(e.g allergic to antibiotics or objections to particular medicines) | YES / NO |
| 5. Has he/she suffered any injuries in the last 2 years?   | YES / NO |
| 6. Does he/she take any prescribed drugs?  | YES / NO |
| 7. Has he/she ever had an asthma attack that required medical attention  | YES / NO |
| 8. Does he/she have any special dietary requirements? <b>PLEASE LIST OVERLEAF</b>  | YES / NO |

**IF THE ANSWER TO ANY OF THE ABOVE ARE YES PLEASE WRITE THE NUMBER AND SPECIFIC DETAILS/EXPLANATION ON THE REVERSE OF THIS FORM** 

Date of last tetanus \_\_\_/\_\_\_/\_\_\_ Blood group \_\_\_\_\_ (if known) NHS number \_\_\_\_\_ (if known)

Name, Address and Phone number of GP(doctor)

\_\_\_\_\_ phone \_\_\_\_\_

In the event of the holiday leader being unable to contact me first, I give my consent for my child/ward to undergo emergency hospital treatment should the need arise, I authorise the holiday leader (or his/her nominee) to sign on my behalf.

YES / NO

<p>I, the undersigned, give permission for my son/daughter/ward to take part in the Yellow Braces Plus Weekend and the events and activities that run as part of this event. I have read and understood the briefing letter. I acknowledge the need for obedience and responsible behaviour on his/her part and for the need for him/her to take note of any special safety instructions. I am satisfied that all reasonable care will be taken for the safety of those participating. I understand my son/daughter/ward will not be able to participate unless this form has been completed by me.</p> <p>Signed _____ Date _____</p> <p>NAME (Capitals) _____</p>	<p>Additional contact numbers for parents/guardians such as mobile numbers. Space for additional contact if parents/guardians will be away during the event.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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All medicines must be handed in to the Medical Officer on arrival (except inhalers/epi-pens) so that proper supervision can be insured. Parents must send a written request if there are reasons why they wish their child to keep his/her medication.

**8. DIETARY REQUIREMENTS:**

- Vegetarian
- Vegan
- Lacto free (no milk products)
- Gluten free (no wheat products)
- No nuts
  
- Other.....

**FURTHER MEDICAL INFORMATION (*please give details*) :**