



## DUKE OF EDINBURGH EXPEDITION

### MEDICAL, EMERGENCY CONTACT AND PARENTAL/GUARDIAN CONSENT

#### Parental Consent

First name		Family name	
Date of Birth		Form group	
Trip / Visit to	DUKE OF EDINBURGH EXPEDITION PROGRAMME		
Date(s) From		To	
<b><i>I agree to my son/daughter taking part in the above mentioned Expedition and associated training</i></b>	Parent or Guardian's signature		

#### Student Contact Details

Home address			
Contact telephone numbers (for the duration of the training/expedition)			
Name		Home	
Mobile		Work	
Alternative contact			
Relationship to student			
Address			
Name		Home	
Mobile		Work	

#### Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does <b>not</b> suffer from any medical condition requiring regular treatment.	
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My child suffers from	
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and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

*Please delete as appropriate*

I would like to discuss my child's medical condition with the teacher in charge.	<b>YES NO</b>
My child has an up to date tetanus injection.	<b>YES NO</b>
I am willing for my child to be given with "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, plasters, insect bite antihistamine.	<b>YES NO</b>

Any medication required should be given to the teacher in charge, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the pupil with spares given to the teacher in charge.

### Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies (please give details)	<b>YES NO</b>

### Additional Information

Please include any additional information as required

### Declaration by Parent/Guardian

1. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
2. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the expedition training.

<b>Signature</b>			
<b>Print Name</b>		<b>Date</b>	