

Medical and Information form for Christ Church 2009

Please fill in the information on this form. It will help us keep in contact and will inform us of any medical information we need to make sure your child is safe. Thank you for your help. Please note all the information held on the form is confidential and will only be held by the group leaders.

Details of Child:

Full Name:

Home Address:

Post Code:

Telephone:

Mobile Number:

Email:

Date of Birth:

Medical details of young person:

Name and address of Doctor

Telephone

National Health Number

Date of last anti-tetanus injection (if known)

If the answer to any of the following is yes please give details over leaf.

Is he/she taking any medicine, following any treatment or diet, etc?
yes/no

Does he/she suffer from any recurrent illness - asthma, hayfever,
migraine, fits or faints or any other illness or disability?
yes/no

Is he/she known to be allergic or sensitive to anything
(e.g. penicillin, aspirin, other medicines, food etc.)? yes/no

Parental consent

I give my permission for the young person named on this form to attend and take part in the activities of the group.

Authorisation

In the event of illness or an accident requiring emergency hospital treatment, I authorise the Leaders from Christ Church to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

Signed

Date

Name

Parent/Guardian

N.B The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have a general consent in advance from parents or have a leader on hand to sign forms.