CONSENT, MEDICAL INFORMATION AND EMERGENCY CONTACTS FORM



| VENUE | Ellor | Ellon Wheel Park | | | | | 12th | July 2024 | |
|---|-----------|------------------|--|-----------|--|-------|------|-----------|--|
| | | | | | | • | | • | |
| NAME | | | D.O. | | | О.В. | | | |
| Address | | | | | | | | | |
| De 1/0 | | | | | | | | | |
| Parent / Carer name (if applicable) | | | | | | | | | |
| | | | | | | | | | |
| EMERGENCY CONTACT INFORMA | | | | | | | | | |
| First option - Name | | | Tel (home) | | | · | | | |
| Address | | | Tel (mobile) | | | e) | | | |
| Second option - Name | | | Tel (home) | | |) | | | |
| Address | | | Tel (mobile) | | | e) | | | |
| | | | | | | | | | |
| MEDICAL - Please give f | ull and a | accurate | | 1 | | T = . | T | | |
| Doctors name | | | <u>IPra</u> | ectice | | Tel | | | |
| Recent medical issues / illnesses / surgery | | | | | | | | | |
| Has your child / ward been in close contact with any contagious diseases? | | | | | | | | | |
| If yes please give details | | | | | | | | | |
| Any infections in the last 4 we | eks | | | | | | | | |
| Any current course of medication | | | | | | | | | |
| Any restrictions you would wish to place on emergency treatment: | | | | | | | | | |
| I authorise all medical and surgical treatment, including X-ray, laboratory, anaesthesia and other medical and/or hospital procedures | | | | | | | | | |
| as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/carer can be reached in the case of an emergency. | | | | | | | | | |
| Parent / Carer's signature | | | the event that heither parent/carer can be reached in the ca | | | | | | |
| Parent / Carer's signature | | | | | | Date | Date | | |
| PHOTOGRAPHY | | | | | | | | | |
| Please tick the box If you do NOT consent to photographs being taken of your child / ward that could be used to promote activities in | | | | | | | | | |
| the Establishment / Council. | | | | | | | | | |
| | | | | | | | | | |
| CONSENT | | | | | | | | | |
| I, being over 18yrs of age or having parental rights and responsibilities towards the above named person understand the nature of | | | | | | | | | |
| the excursion / activities and agree to them taking part and that they are fit and able to do so. By signing this form I agree to | | | | | | | | | |
| Aberdeen City Council's terms and conditions which can be found at http://www.aberdeencity.gov.uk/AdventureAberdeen/scc_visits.asp | | | | | | | | | |
| and also understand that it is my responsibility to inform the excursion leader of any significant changes to the information I have provided about the person named in this form between now and the excursion taking place. | | | | | | | | | |
| Name Signature Date | | | | | | | | | |
| (Block Capitals) | | | | Signature | | | Date | | |
| Name (Counter signature f | or | | | Signature | | | Date | | |
| young persons 16 – 18) | | | | | | | | | |