

CONSENT AND MEDICAL FITNESS FORM FOR DANCE ACTIVITIES

INFORMATION FOR PARENTS/GUARDIANS
 Please complete the questions below and sign the consent. The personal and medical information requested is to ensure that a proper duty of care is possible during activities.

Details of Visit:	Phoenix Dance Company @ York Theatre Royal	Date:	Thursday 1 November 7pm – 9.30pm
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PERSONAL DETAILS			
PUPIL INFORMATION		PARENT/GUARDIAN INFORMATION	
Surname		Name	
First Name		Address	
Address		Post Code	
Post Code		Telephone Day	
Date of Birth		Telephone Evening	
Doctor		Mobile	
Surgey Address		ADDITIONAL EMERGENCY CONTACT	
Surgey Telephone		Name	
		Relationship	
		Address	
		Telephone	

MEDICAL INFORMATION		
If your son/daughter has a medical condition of any sort, please discuss it with your family doctor before completing the form. Medical conditions would not normally exclude your son/daughter from participating in activities. It is important that your son/daughter is accompanied by any medication necessary and that we are made aware of this. Please make sure that they have enough medication with them.	Please ✓ as appropriate	
	Yes	No
Has your son/daughter had any serious illness in the last 2 months?		
Is your son/daughter recovering from an accident, injury or fractured bone?		
Does your son/daughter have:	Epilepsy or convulsions	
	Diabetes mellitus	
	Asthma	
	Heart Disease	
	Any allergies	
Is your son/daughter on any medication? (If Yes, give details below)		
If the answer to any of the above questions is Yes , please give details here (detailing dosage and frequency of any medication)		
Do you consider your son/daughter to be medically fit now?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, give details here
Has your son/daughter been inoculated against TETANUS? ✓	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last injection if known

MEDICAL TREATMENT DURING VISITS

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, pulled muscles, coughs & colds, insect bites, etc. With your permission, the Centre staff will treat these ailments with "off the shelf" products from a chemist. For example, the following items are available: paracetamol, muscle relaxant cream/spray, witch hazel, throat lozenges, petroleum jelly, cough mixture, antiseptic cream, calamine lotion, adhesive plasters, insect bite antihistamine.	Please ✓ as appropriate	
	Yes	No
Are you willing for your son/daughter to be treated with "off the shelf" medication? Professional help would be sought for any more serious conditions and we will contact you by telephone.		
Are you willing for your son/daughter to undergo emergency treatment from a doctor or hospital should this be necessary?		
Consents for procedures to take in an emergency ✓ as appropriate	<div style="text-align: center;"> <input type="checkbox"/> I give my consent <input type="checkbox"/> I do not give my consent </div> <p style="text-align: center; font-size: small;">For a member of staff to administer the above medication which I will deliver to the Group Leader before the visit, together with clear labels and instructions. I understand that the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavour to respond appropriately should emergency treatment be required.</p>	
	<div style="text-align: center;"> <input type="checkbox"/> I give my consent <input type="checkbox"/> I do not give my consent </div> <p style="text-align: center; font-size: small;">For my son/daughter to self-administer the above medication.</p>	

PHOTOGRAPHS

Photographs are often taken on trips for use within school and for event reports on the website and magazine, etc.	
I give consent for the use of photographs from this trip which include my child for the reasons detailed above (✓ as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN DECLARATION

I have listed any medical or other conditions concerning my son/daughter that might affect the duty of care expected during the off-site visit.			
I undertake to inform the Group leader of any changes in the medical or other circumstances of my son/daughter before the date of departure.			
I have received information about the programme and agree to his/her taking part in all the activities unless otherwise stated.			
Signature of parent/carer		Date	
Print Name		Relationship to participant	