



Activity Consent & Medical Information Form

Duke of Edinburgh – Assessed Expedition



Full Name and Address of Participant		This Form MUST be completed by a Parent or Guardian if the Participant is under 18 years of age.
Post Code		
Date of Birth		
Name and Address of Next of Kin during the relevant period.		
Name		Relationship
Address		Telephone
		Home
Post Code		Mobile
Name and Address of Doctor		
Name		
Address		Telephone
Post Code		
Please give details of any current medical treatment including medication, use a separate sheet if necessary		
Please give details of any medical conditions, use a separate sheet if necessary e.g. diabetes, epilepsy etc / allergies to medication, anaesthetics etc		
Date of last tetanus injection / /		
Details of any special dietary requirements		
STATEMENT I consent to _____ taking part in the proposed activities, which have been explained to me, during the period 13/09/19 to 14/09/19. I undertake to inform the Leader of any changes in the fitness to the above named prior to the date of departure. I am in agreement that those in charge may give permission for the above named to receive treatment in an emergency and to administer treatments for minor illness/injury.		
Signature		Relationship
Date		