



## **MEDICAL PARENTAL CONSENT FORM 2010/11**

**To be filled in by Parent/Guardian (unless student is 18 yrs)**

Full Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (Sept 2010) \_\_\_\_\_

Mobile No. \_\_\_\_\_ Home No. \_\_\_\_\_

### **PERMISSION:**

I give my permission for the above named student to attend and take part in all Youth Dance activities, trips and events for the school year 2010/11 but understand that I will always be informed of any trips that are taking place and will need to sign a consent form for each specific trip/event/activity. I acknowledge the need for responsible behaviour on his/her part.

**I understand that I need to inform the club if any of the details (medical or contact details) on this form change.**

### **AUTHORISATION:**

In the event of illness or accident, I authorise:

- a) The staff in charge of SYD (Linda Dootson /Steve Dootson) to sign on my behalf any written form of consent required by the medical authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned;
- b) The staff in charge to administer prescribed or non-prescribed medication

**MEDICAL DETAILS:**

Name of student's doctor \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Telephone Number \_\_\_\_\_

Student's NHS Number \_\_\_\_\_

Details of any infectious diseases with which the student has been in contact in the last year:

\_\_\_\_\_

Details of any current medicine/diet/treatment:

\_\_\_\_\_

\_\_\_\_\_

Details of any known allergies/ sensitivities (eg. Penicillin)

\_\_\_\_\_

\_\_\_\_\_

This student has/has not been immunised against tetanus within the last five years (please delete as appropriate)

**PARENT/GUARDIAN ADDRESS:**

Home \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone (day): \_\_\_\_\_ (Evening) \_\_\_\_\_

Mobile \_\_\_\_\_

**ALTERNATIVE ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

Telephone (day): \_\_\_\_\_ (Evening) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_