

FORM OSA2 (2007) (Young Person)

Warwickshire County Council - Consent to Activity, Medical Details and Treatment Form

Name of Young Person:

Date of Birth..... Male..... Female.....

Home address: Tel.No:

Name of Education Establishment:

Visit to:

From: (date) To: (date)

Emergency contact telephone numbers (home/mob/work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor

.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability? If so, please give details:

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Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug? If so, give details)

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Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

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Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

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Are there any activities in which he/she should not participate?

.....

Date of anti-tetanus injection (if known)

Is there any other relevant information which the party Leader should be aware of?

.....

.....

Please indicate any special food dietary/requirements where applicable:.....

.....

I wish my child to take part in the journey/activities and having read the information provided, agree to his/her taking part in any or all of the activities described.

.....

I understand that, while the staff in charge of the party will take all reasonable care of the Young People, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising through the visit.

Name (Please print).....Signature.....Date.....

** All journeys and activities carry some amount of risk.*

CONSENT TO MEDICAL TREATMENT

I,(YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP if circumstances are deemed necessary and appropriate.

FOR OVERSEAS VISITS

Spanish / Español

Convengo mi hijo/hija que reciben la cualquier emergencia o el otro tratamiento médico como juzgado urgente, necesario y/o en el mejor interés de mi hijo/hija por las autoridades médicas presentes. Esto incluye el tratamiento dental, médico o quirúrgico, el uso del anestésico o la transfusión de sangre.

También convengo el lanzamiento de la información médica relevante y necesaria el personal del establecimiento educativo del GP si las circunstancias se juzgan necesarias y apropiadas.

French / Français

Je suis d'accord sur mon fils/fille recevant n'importe quelle urgence ou tout autre traitement médical en tant que considéré pressant, nécessaire et/ou dans le meilleur intérêt de mon fils/fille par les autorités médicales. Ceci inclut le traitement dentaire, médical ou chirurgical, l'utilisation de l'anesthésique ou la transfusion sanguine.

Je suis également d'accord sur la publication l'information médicale appropriée et nécessaire le personnel d'établissement d'enseignement par le généraliste si des circonstances sont considérées nécessaires et appropriées.

German / Deutsch

Ich stimme meinen Sohn/Tochter zu, die jede mögliche Dringlichkeit oder andere ärztliche Behandlung als gemeint dringend empfängt, notwendig und/oder im besten Interesse meines Sohns/Tochter durch die medizinischen vorhandenen Behörden. Dieses schließt zahnmedizinische, medizinische oder chirurgische Behandlung, den Gebrauch des Betäubungsmittels oder Bluttransfusion ein.

Ich stimme auch der Freigabe der relevanten und notwendigen medizinischen Informationen Bildungsinstitutstab durch den GP zu, wenn Umstände notwendig und passend gemeint werden.

Italian / Italiano

Accosento al miei figlio/figlia che riceve tutta l'emergenza o l'altro trattamento medico come ritenuto urgente, necessario e/o nell'interesse del miei figlio/figlia dalle autorità mediche presenti. Ciò include il trattamento dentale, medico o chirurgico, l'uso di anestetico o la trasfusione di sangue.

Inoltre accosento al rilascio delle informazioni mediche relative e necessarie al personale dell'istituzione educativa dal GP se le circostanze sono ritenute necessarie ed adatte.

Signature:

Date: