BRAYWOOD CE FIRST SCHOOL The Royal Borough OA4 Medical and Consent Form NAME of participant: **Important:** This form must be completed by the parent/guardian. Address of Participant: Post Code: Telephone No. (inc. STD): Maidenhead Date of Birth: **EMERGENCY CONTACT DURING PERIOD OF ACTIVITY** Name: Address: Post Code: Tel. No. Alternative Tel. No: Relationship to Participant: **DOCTORS** name: Address: Post Code: Telephone No. (inc. STD) Details of last Tetanus injection date: OR, have they had one in the last 10 years? YES / NO Please give details of any medical conditions/disabilities, e.g. diabetes, epilepsy or allergies to (e.g.) medication, plasters, etc. Please give current treatment including medication. Details of any special dietary requirements. PHOTOGRAPHS TAKEN DURING TRIP I agree to my child's photograph being used in any school context (newsletter, display boards, prospectus, website, etc.) I agree to my child's photograph being used in Local and National Press coverage. I agree to the use of my child's name with images used. Never use my child's name **STATEMENT** I acknowledge receipt of and understand the information regarding the all proposed visits/activities for the 2022-2023 academic year and consent to the above person participating. I understand that I can withdraw my child from any trip/activity if needed. I will ensure that my child understands the information for their safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the Leader of any changes in the fitness of my child prior to the date of departure. I accept full financial responsibility if they have to return home before the end of the trip because of inappropriate behaviour. I am in agreement that those in charge may give permission for the participant to receive medical treatment in an emergency. Signed: __ Date. _____ Parent/Guardian