

HEMDEAN HOUSE SCHOOL  
CAVERSHAM

## HOLIDAY CLUB MEDICAL CONSENT FORM

<b>CHILD'S INFORMATION</b>	<i>( Please complete one form for each child attending Holiday Club )</i>
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Child Full Name:	
Home Address:	
	Postcode:
Date of Birth:	School:

<b>PARENT / CARER INFORMATION</b>
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Parent / Carer Full Name:	
Home Tel: `	
Mobile Tel:	
Work Tel	
Email:	

<b>EMERGENCY CONTACT NUMBERS</b>	<i>(These are mandatory but will only be used in an emergency)</i>
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Contact Name 1:	Tel No:
Contact Name 2:	Tel No:
Contact Name 3:	Tel No:

<b>CHILD'S MEDICAL DETAILS</b>
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<input type="checkbox"/> My child has a medical condition / special needs that the course supervisor should be aware of.
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<i>Please list full details of all / any medical conditions, disabilities, special needs, allergies, other:</i>
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<i>Please list full details of all / any current medication or medical treatment:</i>
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Child's Doctors Name:
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Doctor's Surgery Name & Address:
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Doctor's Tel No:
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*I give my consent for a member of staff, with first aid training, to administer first aid to my child if or when required.  
I authorise the organiser to act on my behalf in an emergency if he / she is unable to contact me or considers that it would be inadvisable to delay. I agree to indemnify the organiser for any loss arising from damage caused by my child and any extra costs which may be incurred on their behalf in an emergency.*

Full Name: ..... (Mr / Mrs / Miss / Other)

Signed: .....

Date: .....