

HEMDEAN HOUSE SCHOOL  
CAVERSHAM

## HOLIDAY CLUB MEDICAL CONSENT FORM

<b>CHILD'S INFORMATION</b> <span style="float: right;"><i>( Please complete one form for each child attending Holiday Club )</i></span>	
Child Full Name:	
Home Address:	
Postcode:	
Date of Birth:	School:
<b>PARENT / CARER INFORMATION</b>	
Parent / Carer Full Name:	
Home Tel:	
Mobile Tel:	
Work Tel:	
Email:	
<b>EMERGENCY CONTACT NUMBERS</b> <span style="float: right;"><i>(These are mandatory but will only be used in an emergency)</i></span>	
Contact Name 1:	Tel No:
Contact Name 2:	Tel No:
Contact Name 3:	Tel No:
<b>CHILD'S MEDICAL DETAILS</b>	
<input type="checkbox"/> My child has a medical condition / special needs that the course supervisor should be aware of.	
<i>Please list full details of all / any medical conditions, disabilities, special needs, allergies, other:</i>	
<i>Please list full details of all / any current medication or medical treatment:</i>	
Child's Doctors Name:	
Doctor's Surgery Name & Address:	
Doctor's Tel No:	

*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: .....