|  |  |  |
| --- | --- | --- |
| hccb&w |  | **FORM OV 7B (CSF4259)** **SELF-CONSENT FORM FOR ADULTS****(or young people living independently)** |
|  |  | **Establishment:**  Edwinstree Middle School |

**To be completed by visit leader/organiser**

|  |  |
| --- | --- |
| Visit: |  |
| Visit Leader: |  |
| Date of Visit: | From:  | To:  |
| Is a photograph of participant required: | ~~Yes~~  / No |
|  |  |
| **To be completed by participant.** |
| Full name: Date of Birth:  Passport Number (where required)  |
| Do you: |
| * Have a medical condition requiring medical treatment or medication?
 | Y/N |
| * Have an allergy to certain medications?
 | Y/N |
| Please give details of medical condition/treatments or allergies to medications below: |
| Have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? | Y/N |
| If yes, give details: |
| Have you supplied details of your Inoculations record with this form? | Y/N |
| Do you have any special dietary requirements?If yes, give details: | Y/N |
| I wish to draw the following to the group leaders attention (e.g. allergies, phobias, recent operations and treatments, conditions which may affect fitness to participate in certain activities): |
| **SWIMMING ABILITY:** (only applicable if water-based activities are planned. Are you water-confident / competent?) |

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION** |
|   | MAIN | ALTERNATIVE |
| Name: |  |  |
| Relationship: |  |  |
|  |  |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Telephone Numbers:  | Day: |  |  |
|  | Evening: |  |  |
|  | Other: |  |  |
| **FAMILY DOCTOR DETAILS** |
| Name:  |
| Address:  |
|  |
|  |
| Telephone Numbers:  |  |
| NHS Number (if known)  |

|  |
| --- |
| **DECLARATION** I have received and understood the details of the visit.I confirm that I am in good health and fit to participate in the activities described. I agree to receive medical treatment as considered necessary by the medical authorities present.I undertake to inform the visit organiser as soon as possible of any change in medical circumstances between the date signed and the commencement of the event. |
| Signed: | Date:  |
| Name in Capitals:  |
| Address: Postcode:  |
| Telephone No:  |

The information on this form should be retained by the establishment’s emergency contact.

This form or a copy may be taken by the visit leader on visits outside the UK.