



CONSENT FORM
PLEASE COMPLETE AND RETURN IMMEDIATELY TO
 Uppingham Summer School, Balmaghie,, 25 High Street West, Uppingham LE15 9QB

COURSE ATTENDING:

Dates:

Student Name: **Male / Female**

Date of Birth: **Age at start of Course:**

1. Medical Information

(a) Existing Condition - Does your child have an existing medical condition requiring medical treatment/medication? YES / NO

If YES, please give details

(b) Infectious Diseases - To the best of your knowledge, has your child been in contact with or suffered from any contagious or infectious diseases in the last four weeks? (e.g. *Chickenpox, Measles, Whooping Cough, Mumps etc*) YES / NO

If YES, please give details

(c) Allergies – Does your child have any allergies? (e.g. food, medication, sticking plaster) YES / NO

If YES, please give details

(d) Tetanus - Has your son/daughter had a tetanus injection in the last FIVE years? YES / NO

If yes, please state approximate date

2. Painkillers/Medication

In the event of your child having e.g. head-aches/pain/stings/bites etc would you wish our welfare officers to administer pain-killers/medication as follows?

- | | | |
|------------------------------------|----------|----------------------------------|
| (a) Paracetamol | YES / NO | |
| (b) Ibuprofen | YES / NO | |
| (c) Anthisan* Bite and Sting Cream | YES / NO | *brand name of product available |
| (d) Piriton* Antihistimine | YES / NO | |

3. Diet

Please outline any special dietary requirements of your child:

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4. Emergency Contact Details:

Parents Name(s): **Home Tel:**

Work Tel: **Mobile(s):**

If we are unable to contact you, is there someone else we can call in an emergency?:

Name:..... Relationship:.....

Work Tel: Mobile:

Home telephone number:.....

Name, address and telephone number of family doctor:

.....
.....

6. Medical Consent Declaration

I will inform the Enterprise Manager as soon as possible of any changes in medical circumstances between the information provided here and the start of the course

I understand and accept that in the event of an emergency every effort will be made to obtain my consent to any treatment including the administration of an anaesthetic. But if this proves impossible I agree that the Enterprise Manager or Course Director may act in 'loco parentis' and give permission for my son/daughter to receive any Anaesthetic and Surgical procedure deemed necessary by the medical authorities treating him/her.

Parent Guardian's Name (in caps)

Signed: Date:.....

1. Activities: All course activities may vary and programmes altered. Various sports (swimming, tennis, football, rounders etc) and leisure activities (treasure hunts, quizzes, games etc) and off-site activities (Laserquest, theatre trips) maybe offered during the course.

In signing below you agree to your child taking part in any of the above activities or any other similar activities consistent with the nature of the course and acknowledge the need for obedience and responsible behaviour on his/her part.

2. Mobile Phones - Uppingham Summer School strongly recommend that children do not bring mobile phones to the Summer School due to the risk of loss or theft. The school has public telephones and an internet facility (with filters to ensure safe access for children) on site.

In signing below you agree that if your child brings a mobile phone to school he/she is totally responsible for it and that Uppingham Summer School has no responsibility in the event of loss or theft of the phone.

3. Photographs are often taken during the course for use in marketing future Summer School courses via the Summer School brochure, website, advertisements and social networking sites. Children will not be identified by name in any photographs without the prior consent of the parent or guardian.

By signing below you are consenting to your child's photo being used within suitable and responsible guidelines for publicity of our Summer School, unless Uppingham Summer School has been notified in writing in advance of the course that you do not wish your child to be photographed.

Signed:(Parent/Guardian) **Date:**

Thank you!