

DofE Permission and Medical Consent Form

This form must be completed and signed by the parent or guardian and the participant. Please complete this form using block capital letters and deleting as appropriate. It is important for the safety and well-being of yourself and others that you provide details of ALL current and past medical conditions. Please return this form, marked private and confidential, to DofE Manager, Catmose College, Huntsmans Drive, Oakham LE15 6RP

1. Participant details

First name:		Surname	
Preferred first name:		Gender:	Date of birth:
Home address:			
Postcode:		Home telephone no.:	
College Email:		Participants' mobile no.:	

2. Next of kin details

1st Parent/Guardian

2nd Parent/Guardian (if applicable)

Surname:	
First name:	
Home address (if different from above):	
Postcode:	
Telephone:	
Relationship to participant:	

3. Alternative point of contact details

If next of kin cannot be contacted

Name:
Home address (if different from above):
Postcode:
Telephone:
Relationship to participant:

4. Participant's dietary requirements

Please give details of ALL special dietary requirements or food allergies.

Details:

5. Participant's medical details

Date of participant's last tetanus immunisation:

If the participant has any disabilities, medical conditions (eg. epilepsy, diabetes, asthma), allergies or has had any illness/injury/surgery within the last month, please provide details below and include details of any medications currently used that will be taken to the event (drug name/s and dosage).

Details:

If the participant been given specific medical advice to follow or has specific medication to take in an emergency, please provide details below.

Details:

If there are any other areas of the participant's health and welfare that we should be aware of (eg. colour blindness, dyslexia, autism, Asperger's syndrome) please provide details below.

Details:

6. Medical permission

Please tick the appropriate boxes.

The participant: Can administer their own medications Will need assistance to administer their own medications

In the event of the participant suffering from a common ailment, I agree to the following medications being offered:

Paracetamol Ibuprofen Wasp-Eze spray Simple Linctus Piriton/Chlorpheniramine

7. Consent

- I acknowledge receipt of and understand the information regarding the proposed expedition and consent to the above named participant taking part.
- I will inform the Expedition Supervisor in writing of any changes in the health of the participant/my health prior to the date of departure.
- I authorise the Expedition Supervisor to take emergency decisions on my behalf, including the giving of permission for medical treatment on the advice of the medical authorities present having taken the following medical information into account.
- I agree to inform you in writing as soon as possible of any change in the medical circumstances between the date signed and the start of any activity.
- I understand that if the participant is physically unfit to participate on an expedition, that they may be withdrawn by the Supervisor at any time in the run-up to, or during the expedition.
- I understand that the participants may need to make changes to their lifestyle to prepare for a physically demanding journey and that they are responsible for their fitness whilst on an expedition.
- I understand that participation on an expedition will be physically demanding and that I will need to carry my own provisions for the entire expedition in a rucksack on my back, in line with the training provided. I acknowledge the expectation that my participation will not affect my college attendance.
- I understand that outdoor activities such as hill walking can carry a risk of personal injury and in extreme cases, the possibility of fatality.
- I understand that the College has Public Liability Insurance and that I can request a copy of this from either the Federation Manager. No insurance is offered for the loss or damage to personal property during the activity.
- I acknowledge the need for self-discipline and responsible behaviour whilst participating in any activity.
- I understand that participants will not be supervised by an adult at all times. I have ensured that he/she understands that it is important for his/her safety and for the safety of the group for him/her/me to behave in a reasonable manner and that any reasonable rules and instructions given by staff will be followed.
- I give my permission for any photographs taken whilst involved in the event/activity, to be used for display or publicity purposes and may also be used on the Duke of Edinburgh's Award promotional material.
- I understand that in the event of the participant not completing the award the full cost is still due and is non-refundable.

Signature of Participant:

Date:

Signature of Parent/Guardian:

Date:

Relationship to participant: