



# The Ridgeway School

*Inspiring learners for their future*

## *Bronze DofE Expedition & Medical consent 2020*

I am willing for the person named to participate in the **Bronze Award Training 1<sup>st</sup> March 2020/Practice 13-14<sup>th</sup> March 2020 and Assessed Expedition 27-28<sup>th</sup> March 2020**

Name ..... Date of Birth ..... Male\Female Tutor group .....

Home Address .....

### **Medical Information**

Does your son/daughter have any conditions requiring medical treatment, including medication?

**Yes/No** (please circle as applicable) If **YES** please give brief details:

Please outline any special dietary requirements of your child. This form also allows you to give permission for standard pain relief of paracetamol and/or ibuprofen to be given to your son/daughter

**Yes/No** (please circle as applicable).

.....  
.....

### ***For residential visits and exchanges only***

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **Yes/No**

If **YES** please give brief details:

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.....

Is your son/daughter allergic to any medication?

**Yes/No**

If **YES** please specify:

.....  
.....

When did your son/daughter last have a tetanus injection? Date .....

**Do you consent to your son/daughters' photograph\*/name\* being used in any publication relating to the visit?**

**Yes\*/no\*** (Please delete as necessary)

**Has the school nurse drawn up a medical care plan for your son/daughter? Yes\*/No\***

**Emergency contact telephone numbers:**

*1<sup>st</sup> contact:*

Name ..... Work .....  
Home .....  
Mobile .....

*2<sup>nd</sup> contact:*

Name ..... Work .....  
Home .....  
Mobile .....

**Name of family doctor:**

Name ..... Phone .....  
Address .....

**Ridgeway Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform **The Ridgeway School and Sixth Form College** as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

**NoLimits Declaration**

I agree to (Name) \_\_\_\_\_ taking part in outdoor adventure activities provided by No Limits Development. I understand that these activities often take place in cold and wet environments, and these activities do have a risk of minor bumps and scrapes. All necessary precautions will be taken to ensure the safety, comfort and wellbeing of the participant; however, they must accept there is a level of risk involved and must take responsibility for their own actions, including informing staff of any pre-existing injuries/illnesses.

I acknowledge the need for responsible behaviour on his/her/my part. I understand that every effort will be made to obtain parental consent (if age appropriate) for all necessary medical treatment however I agree to the participant receiving emergency medical treatment, including anaesthetic, as considered necessary by the authorities present.

Signed..... Parent/Guardian. Date.....

Print .....