



The Ridgeway School

Inspiring learners for their future

Bronze DofE Training Weekend & Cranham Practice Expedition; Medical with consent Form 2019

I am willing for the person named to participate in the Bronze Award Training Weekend 23-24/03/19 and the Practice Expedition from 30-31/03/19.

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:

.....
.....

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)

