

CENTRAL BARNET WOODCRAFT FOLK

HEALTH / CONSENT FORM

NB: WE MUST HAVE THIS FORM COMPLETED FOR EACH PERSON TAKING PART IN A WOODCRAFT FOLK ACTIVITY

WITHOUT IT, WE ARE NOT ABLE TO GUARANTEE EMERGENCY COVER

Name of person: Date of birth.

Adult membership number (if over 16):.....

CRB number (if over 18):.....

Address:

..... Tel No.

Contact Address for next of kin during activity (if different from above):

.....

Telephone No: Daytime: Evenings.

Name and address of doctor:

Is anti-tetanus immunisation up to date? Please give date

Is person allergic to any food or medicine? Please give details:

.....

Prescribed medicines:

Medical conditions: (asthma, hayfever epilepsy etc).

Special dietary needs:

Any recurring illnesses:

CONSENT FORM: Essential for people under 18

I authorise the Woodcraft Folk leaders responsible for my child to administer the medical treatment required by my child, detailed here and in the dose prescribed:

i.e.

I give permission for my child to travel unaccompanied by me and agree that s/he will be under the authority of and responsible to the Woodcraft Folk Group leaders.

I undertake to ensure that my child leaves home in good health, and that the leaders responsible for health are informed of any health problems.

In case of emergency I authorise the leaders to act on my behalf, knowing that I will be informed as soon as possible. I agree to collect my child if necessary.

Signed: parent/guardian Date: