

# FORM OSA2 (2016) (Young Person)

Warwickshire County Council - Consent to Activity, Medical Details and Treatment Form

Name of Young Person.....

Date of Birth..... Male  Female

Home address: .....

.....

Telephone number: .....

Visit to: **The V&A Museum, London**

On: **Thursday 30<sup>th</sup> March, 2017**

Emergency contacts.

1) Name..... Relationship .....

Home..... Mobile.....

2) Name..... Relationship .....

Home..... Mobile.....

Name, address and telephone number of own doctor (GP) .....

.....

Does he/she suffer from: asthma, chest complaints hay fever, migraine, fits or faints, travel sickness, diabetes, attention deficiency, hyperactivity or any other condition, illness of disability?

If so, please give details:

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Is he/she allergic to anything? (e.g. aspirin, antibiotics, any particular food or drug)

If so, please give details.

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Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)

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## People Group

Are there any activities in which they should not participate? .....

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.....  
.....

Date of anti-tetanus injection (if known).....

Is there any other relevant information which the party leader should be aware of? .....

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Please indicate any special food or dietary requirements where applicable:

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I wish my child to take part in the journey/activities\* and, having read the information provided, agree to them taking part in any or all of the activities described.

I, ..... (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetic's or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP, if circumstances are deemed necessary and appropriate.

Name (Please print)..... Signature..... Date.....

Name (Please print)..... Signature..... Date.....

\* All journeys and activities carry some amount of risk.