





## Medical Information

1. Does your child / young person have any conditions requiring medical treatment, or take any medication regularly? YES / NO  
**If YES**, please specify \_\_\_\_\_

\_\_\_\_\_

2. Please specify the name, route, dosage frequency of any medication your child / young person needs to be given \_\_\_\_\_

\_\_\_\_\_

3. Please specify the type of pain relief and flu medication your child / young person may be given if necessary

\_\_\_\_\_

4. Please give details of any medical or behavioural issues, or other additional needs your child / young person has \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child / young person have any medical allergies YES / NO  
**If YES**, please specify \_\_\_\_\_

\_\_\_\_\_

6. When did your child / young person last have a tetanus injection? \_\_\_\_\_

7. To the best of your knowledge has your child / young person been in contact with any contagious or infectious diseases, or have they suffered from anything in the last four weeks that may be contagious or infectious? YES / NO

**If YES**, please give details \_\_\_\_\_

\_\_\_\_\_

8. Name and address of your family Doctor \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_



## Personal Information

1. Does your child / young person have any special dietary requirements or particular allergies? YES / NO  
**If YES**, please give details

---

---

2. Does your child / young person have any other special requirements or needs, or is there anything else that you think we should know?

---

---

---

## Contact Information

Contact Name \_\_\_\_\_

Tel. Home \_\_\_\_\_ Work \_\_\_\_\_ Mob. \_\_\_\_\_

### **Alternative emergency contact:**

Name \_\_\_\_\_

Tel. No. \_\_\_\_\_

Address \_\_\_\_\_

**Please Note: it is very important that you let the organisation, school or Lea Green Centre, know as soon as possible should any of the above information change.**

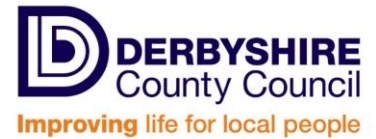
## Declaration

I agree to my son / daughter / cared for young person undertaking a residential course at Lea Green Centre. I have read the supplied 'Parental Information' form in regard to activities and safety and have been made aware of the inherent risk that exists in outdoor adventurous activities; although I understand that these activities will be safely managed. I also agree that the above named young person may be fitted for and wear climbing harnesses, chest harnesses and helmets if the Lea Green Centre instructor deems appropriate. I have also been made aware of the need for sensible behaviour by participants.

I agree to the above named young person receiving medication as detailed by me, and any emergency dental, medical or surgical treatment, including anaesthesia and / or blood transfusion, as considered necessary by the medical authorities if I am not present.



**Lea Green**  
Learning and Development centre



I give consent for any filming or photographs taken of my son / daughter during their stay at Lea Green Centre to be used for publicity purposes by Derbyshire Outdoor Education Centre and Derbyshire County Council.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This form should be returned to the organising group and be forwarded to  
Lea Green Centre 7 days prior to the start of the visit.**

Please detach the information sheet and return the completed consent form above