

# CONSENT FORM

## The Duke of Edinburgh's Award Expedition – Medical Information and Consent Form

Please complete the form in *BLOCK CAPITALS*

<b>Surname</b>	<b>Forenames</b>	<b>Date of Birth</b>
<b>Home Address</b>		<b>Home Telephone</b>
<b>Next of Kin</b>	<b>Emergency Contact number &amp; address during venture:</b>	
<b>Relationship to participant</b>		
<b>Doctors Name</b>	<b>Surgery address and telephone number</b>	

### PARTICIPANTS RECENT HEALTH INFORMATION & CONSENT TO EMERGENCY TREATMENT.

	If yes please specify	Yes/ No
<b>1. Are there any medical/ health conditions- past or current, which may affect the participant undertaking the expedition?</b>		
<b>2. Has the participant been in contact with any infectious diseases in the last 6 months?</b>		
<b>3. Does the participant have any allergies? Including antibiotics, plasters, medicines or foods?</b>		
<b>4. Is the participant taking any regular or prescribed medication ?</b>		
<b>5. Does the participant have permission to self medicate?</b>		
<b>6. Date of last tetanus vaccination</b>		
<b>7. Has the participant suffered any injuries that will affect mobility</b>		

Please note that all medication needed by a participant during this activity must be carried by them, labelled appropriately and located at the top of their pack in a waterproof bag/container and that the designated member of their group who may be supporting them must be notified accordingly.

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## CONSENT DECLARATION

I consent to participate/I consent to the above named person participating (delete as appropriate) in the planned expedition activity briefly detailed above.

I agree to inform the party leader in writing of any change in medical or other condition(s) or any other relevant circumstances relating to the person named above before the start of the expedition.

I agree to the person named above receiving any and all emergency medical treatment including first aid (as administered by the expedition supervisors), anaesthetic etc., as may be considered necessary by the medical authorities in attendance should the need arise.

I understand the extent and limitations of the insurance cover provided and that I can request a copy of this from the party leader.

I agree to ensure that the person named above will be collected at the agreed time and location at the end of the expedition.

I agree to the person named above to be collected at my own expense during the course of the expedition should the need arise for him / her to withdraw for any reason or at the request of the party leader/supervisor.

In support of the expedition aim to encourage independence and self-confidence, I agree to not directly contact my son/daughter/participant. In the event of an emergency or urgent message, please contact the party leader who will liaise with you accordingly.

Duke of Edinburgh Award expeditions can provide an excellent opportunity to capture photographic and video images to be subsequently used for publicity and promotional purposes only. Should I not agree to the use of such images, then I have indicated this by ticking the box provided.

I declare that the above information is an accurate reflection of the current health status of the person named above and I accept that travel may be denied if any known medical information is withheld.

**Name of parent / guardian / participant\*** \_\_\_\_\_

**Signature of parent / guardian / participant\*** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Person completing & signing this form:**

\*This form must be completed by a parent / legal guardian where the person named above is less than 18 years of age.

\*Participants who are aged 18 or above must complete all medical information before signing the consent box above.