Permission Form:

CAG Spring Term 2017





Please return this form signed and dated **TO THE FIRST SESSION ATTENDED.**

No responsibility for any personal equipment / clothing and effects can be accepted by Challenge Adventure Group and no automatic insurance cover in respect to such items is provided.	
I give permission for to attend Challenge Adventure Group trips during the Spring Term (January - April) 2017.	Does he any conditions that may prevent him / her from taking part in the programmed activities? Yes No
Has he been in contact with any infectious diseases within the last three weeks:	If so, please provide details below. Please continue overleaf if necessary.
Tyes No Date of last tetanus immunisation:	Name and address of own doctor:
Medicines currently being taken:	
Does he have any allergies to food, medicines or other? Please provide details.	Date of birth: During the term I can be contacted in an emergency at:
Does he have any special dietary needs? Please provide details.	Address: Telephone number:
Does he have any special needs? Please continue overleaf if necessary.	Mobile Number: Other emergency contacts:
I understand that the Leader reserves the right to send any participants medical treatment and I cannot be contacted by telephone or any other necessary medical treatment and authorise the leader in charge of the t Signed:	means to authorise this, I hereby give my general consent to any
organica:	Duto:

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so.