

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:

From: (Date) To: (Date)

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:

.....

.....

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

If so, please give details.

.....

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)

.....

People Group

Are there any activities in which they should not participate?

.....
.....
.....

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:

.....

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.

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

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

* All journeys and activities carry some amount of risk.

CONSENT TO MEDICAL TREATMENT

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.

FOR OVERSEAS VISITS

Spanish / Español

Autorizo a las autoridades médicas que estén presentes a practicar a mi hijo/hija cualquier tratamiento de urgencia u otro tratamiento médico que se considere urgente, necesario o recomendable. La autorización se extiende a tratamientos dentales, médicos y quirúrgicos, a la aplicación de anestesia y a la transfusión de sangre.

Autorizo igualmente la difusión de la información médica pertinente y necesaria al plantel del establecimiento de educación por parte del médico si las circunstancias lo justifican.

French / Français

Je suis d'accord pour que mon fils/ma fille bénéficie de tout traitement médical d'urgence ou autre considéré comme urgent, nécessaire et/ou dans le meilleur intérêt pour mon fils/ma fille par les autorités médicales présentes. Ceci comprend les traitements dentaires, médicaux ou chirurgicaux, l'utilisation d'anesthésiques ou de transfusion sanguine.

Je donne également mon accord pour la diffusion d'information médicale importante et nécessaire au personnel d'établissement éducatif par le médecin traitant si les circonstances sont jugées nécessaires et appropriées.

German / Deutsch

Hiermit stimme ich zu, dass mein Sohn/meine Tochter jede mögliche Notfallbehandlung oder andere ärztliche Behandlung, die als dringend und notwendig eingestuft wird und/oder in seinem/ihrer besten Interesse ist, durch die vorhandenen medizinischen Einrichtungen empfängt. Dies schließt zahnmedizinische, medizinische oder chirurgische Behandlung, den Gebrauch von Betäubungsmitteln oder Bluttransfusion ein.

Ich stimme auch der Freigabe der relevanten und notwendigen medizinischen Informationen an Mitarbeiter der Bildungseinrichtung durch den Arzt zu, falls dies notwendig und angemessen erscheint.

Italian / Italiano

Accosento che mio figlio/mia figlia venga sottoposto/a a qualsiasi cura medica o di emergenza che venga ritenuta urgente o necessaria nell'interesse di mio figlio/mia figlia dai medici presenti. Ciò comprende eventuali cure dentistiche, mediche o chirurgiche, l'uso di anestetici o trasfusioni di sangue. Acconsento inoltre al rilascio delle informazioni mediche pertinenti e necessarie al personale scolastico da parte del medico generico qualora le circostanze vengano ritenute necessarie ed appropriate.

Signature:

Date: