



**FOSA**

**Participant consent, emergency contacts & medical information**

Childs Information

This form must be completed by the parent/carer and signed

Childs Name.....

Address .....

Home Telephone number (inc code).....mobile phone.....

Parent/Carer Name .....

**Emergency Contact Numbers**

Name..... Phone No (including Code)

Name..... Phone No (including Code)

Please state if your child has any allergies or medical condition we may need to be aware of :

Name	Male/ female	age	DOB	Medical conditions	Are they taking any medication

In the event of a medical emergency every possible effort will be made to contact your next of kin. We request that you agree to receive emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree we would be grateful if you would discuss this matter with a member of FOSA.

**I consent to my child/children receiving medical treatment in the event of an emergency**

I am aware that my child/children have to pay attention to FOSA members giving advice on matters of safety, behaviour and general procedures. And give them consent to take part in activities organised by the FOSA members. (Please tick box)

For child protection reasons and in accordance to the data protection act your personal details will be held in a secure place and not made accessible to anybody apart from FOSA members in the event of an emergency. (Please tick box)

To allow your child/children to participate in any FOSA activities outside of school hours please complete this form and return it to FOSA via the FOSA post box situated outside the main school reception.

Signed.....

Date.....

