



Children
& Young
People's
Services

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The Dean Field Studies Centre

www.bristol-cyps.org.uk/services/dean/dean.html



L7699/R0218
Climbing
Trekking
Watersports

DFC 1: Confidential Medical Information & Consent Form

PLEASE PRINT

School: Date of Visit:/...../.....

Student's Name: M / F D. of B./...../.....

Home Address:

Name/s of Parent/s or Guardian/s.....

Emergency Contact/s

Daytime
Telephone

Evening
Telephone

Name

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

Name & Address of Doctor

..... Tel. no.

* Does your child have any special dietary needs (e.g. vegetarian or nut allergy)?

* Does your child suffer from any of the following: Epilepsy, Diabetes, Asthma? (Please ensure they bring their medication)

* Is your child allergic to anything (e.g. Penicillin, plasters)?

* Has your child any disability or had a recent illness or accident that we need to know about?

* Has your child had tetanus immunisation within the last 10 years? **Yes / No** (usually given as a pre-school booster)

* Can your child swim 25m? (Nb: Buoyancy aids used for water activities) **Yes / No**

This space is for more details and any other special requirements or things we should know (please continue overleaf if necessary).

Declaration:

1. I agree to my child participating in the visit/stay at the Dean Field Studies Centre and agree to them participating in adventure activities that are led by suitably qualified leaders. (NB. Not all programmes include adventure activities). I understand that, while all reasonable care is taken, there is a degree of inherent risk in any adventure activity programme. I understand the extent and limitations of the insurance cover provided.
2. In the event I cannot be contacted, I give permission for any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I am aware that if the behaviour of my child is considered by both Centre and visiting staff as unsustainable on a residential course of this nature, that I may be required to collect them or have them returned home at cost to myself.
4. I agree that my child is fit to participate in the activities to be undertaken.

Signed: **Date:**