

## FORM OSA2 (2007) (Young Person)

### Warwickshire County Council - Consent to Activity, Medical Details and Treatment Form

Name of Young Person: .....

Date of Birth..... Male..... Female.....

Home address: ..... Tel.No: .....

Name of Education Establishment: .....

Visit to: .....

From: ..... (date) To: ..... (date)

Emergency contact telephone numbers (home/mob/work)

1).....

2).....

3).....

Name, address and tel. no. of own doctor .....

.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability? If so, please give details:

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

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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)

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Are there any reasons that you know of that stops he/she from participating fully in the planned activities?

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Are there any activities in which he/she should not participate? .....

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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 dietary/requirements where applicable:.....

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I wish my child to take part in the journey/activities and having read the information provided, agree to his/her taking part in any or all of the activities described.

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**I understand that, while the staff in charge of the party will take all reasonable care of the Young People, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising through the visit.**

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

*\* All journeys and activities carry some amount of risk.*