

# AWESOME 2015

## EMERGENCY INFORMATION FORM

This form is to be filled out by the parents of all participants, and individually by leaders and event staff. One copy must be handed in at reception on arrival. Unit leaders are reminded that they must also have their own copy of emergency information for their units. You may use photocopies of your own forms as long as they contain the same information and declaration as below.

Please do not staple the two copies together; however you may wish to staple the set of forms for your unit.

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 Surname: ..... Date of birth: .....  
 First names: .....  
 Emergency contact name: .....  
 Phone: .....

Doctor's name and contact details:	Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:	Details of any infectious diseases he/she has been in contact with in the last three weeks:

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed: ..... Date: .....  
 Relationship to young person:.....

Please use the back of this form if more space is required

Note: The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff