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| --- | --- |
| \*Insert logo\* | **Event name****Venue****time** |

**Health and Consent Form**

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| --- | --- |
| Name |  |
| Date of Birth |  |
| Address including postcode |  |
| Email address |  |
| Telephone number |  |
| Dietary requirements and any mobility/additional needs or requirements |  |
| Medical conditions/needs e.g. allergies, phobias, medication |  |
| Doctor’s nameAddress Telephone number |  |
| Emergency contact name and number |  |
| Additional emergency contact nameand number |  |

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| **Parent / Guardian’s consent (for participants under 18yrs of age) – Please delete any point you do not consent to:*** I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the event as detailed above.
* I give permission for DBE staff to contact them via email and/or phone with details about the meeting.
* I agree to any emergency treatment to be given as considered necessary by the medical authorities if I cannot be contacted.

**NB** The medical profession takes the view that a parent’s consent to treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. However we have found that medical staff find this type of general consent helpful.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |