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

**Health and Consent Form**

|  |  |
| --- | --- |
| 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 name  Address  Telephone number |  |
| Emergency contact name  and number |  |
| Additional emergency contact name  and 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |