

**KELSTON CLUB & STUDY CENTRE**  
159 Nightingale Lane, Wandsworth, London SW12 8NQ  
Tel. 020 8673 2242

**CONFIDENTIAL CONSENT & MEDICAL FORM**

**CONSENT**

TO COVER ALL OFF-SITE ACTIVITIES FOR ALL TRIPS WHILE AT KELSTON

TODAY'S DATE:

**NAME OF MEMBER:**

**DATE OF BIRTH :**

I agree to (name)..... taking part in Kelston off-site activities. I agree to him participating in any or all of the activities as proposed unless I specify omission in writing.

I have ensured that my child understands that it is most important for his safety and the safety of the group that rules and instructions given by staff in charge are obeyed.

I understand that while the leaders in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by the child which may occur as a result of the activity.

**I do/do not confirm that my child is able to swim and consequently can/cannot participate in activities involving water.**

**CONTACT INFORMATION**

Home Address where parent/guardian:

Telephone:

Other EMERGENCY telephone:

Name:

Relationship:

## MEDICAL

Has your child ever suffered or is he suffering from any of the following?

Asthma & bronchitis	Yes/No
Heart condition	Yes/No
Fits, fainting or blackouts	Yes/No
Severe headaches or migraine	Yes/No
Anxiety or depressive tendencies	Yes/No
Diabetes (sugar tolerance abnormalities)	Yes/No
Allergies to any known drugs/medication	Yes/No
Any Other allergies e.g. material, food, medicine	Yes/No
Other illness or disability not named herein	Yes/No
Travel sickness	Yes/No

If Yes, please give fuller details if helpful to us or attach any documents:

Is your child currently vaccinated against **TETANUS** ? Yes / No

Please outline any specific **DIETARY** requirements for your child :

Please give your doctor's name and telephone number :

Is your child now receiving medical treatment from your family doctor or hospital and/or has he been given specific advice to follow in emergencies? Yes / No  
(If Yes please supply a doctor's letter confirming the treatment.)

Please note you will need a European Medical Card for all European trips.

## DECLARATION

I agree to my son receiving medical treatment including anaesthetic as considered necessary by medical authorities present. I also agree to my son receiving basic First Aid by members of staff present.

I consent /I do not consent to photographs of the above being used in Kelston literature or websites, on the understanding that they will not be accompanied by any personal details which may identify the child.

Signature: \_\_\_\_\_ (parent/guardian)

Should any changes occur to the above, please inform us to keep our records up-to-date while in membership.

**PLEASE NOTE** In accordance with the Data Protection Act 1998, Kelston only keeps member details for health and safety needs while with us, and for maintaining records of membership and support for the club. This information will be used solely for these purposes.