Duke of Edinburgh's Award

Health and consent form

(A copy of this form will be carried by each student on their expedition) Student's name: Form: Form: Date of birth: Address:.... Emergency telephone number for contact during the expedition: Any special medical conditions (e.g. diabetes, epilepsy): Any allergies: Details of inoculations (tick if completed): Anti-tetanus Polio Any drugs/treatments being taken: EMERGENCIES: If I cannot be contacted in an emergency I give permission for treatment to be carried out if a signature is needed by medical authorities GENERAL: I consent to my child taking part in the expedition as outlined in the accompanying letter. Signed: (parent/next of kin) Date: Address (if different from above):