



P. E Department ONLY
Medical and Consent Form (Sporting Activities /Events)

Please attach
Passport size
Photograph

Pupil's Full Name:

Date of Birth: Age: (Tick as appropriate) Male Female

Next of Kin's Name and Initials:

Address:

..... Post code:

Email address (to enable pupil contact prior to departure)

Contact Telephone No. Home: Mobile: Work:

Emergency Contact Person (If Parents/Guardian Away):

Address:

..... Post code:

Contact Telephone No. Home: Mobile: Work:

Name and Address of Participant's Doctor:

..... Post code:

Pupils Passport No. Date of Renewal:

Iqama No..... Expiry Hijri

Consent for P.E. Sporting Activities /Events ONLY

I confirm that I have responsibility for

1. He/she is in good health and I consider him/her to be capable of taking part in the activities set out in your letter dated
2. In the event of illness or accident, I consent to any necessary medical treatment, which include the use of anesthetics.

Signed: (Person with Parental responsibility)

Please Print Full Name here:

You may also wish to give the telephone number of a friend or neighbour who would pass on a message in an emergency: Name: Tel. No.



Medical Form

Please tick Yes or No if your son/daughter had any of the following?

Asthma or Bronchitis	Yes		No	
Fits, Fainting or Blackouts	Yes		No	
Diabetes	Yes		No	
Heart Conditions	Yes		No	
Severe Headaches	Yes		No	
Travel Sickness	Yes		No	
Regular Medication	Yes		No	
Allergies to any known medicine	Yes		No	
Any other allergies, e.g. material, food, plaster (adhesive dressing)	Yes		No	
Other illness of disability	Yes		No	

If the answer to any of these questions is YES, please give details:

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If it is considered necessary, do you agree to mild painkillers? (e.g. paracetamol etc.)	Yes		No	
Has the participant received vaccination against Tetanus in the last ten years?	Yes		No	
Is the participant receiving medical or surgical treatment of any kind from your family doctor or hospital?	Yes		No	
Has the participant been given specific medical advice to follow in emergencies?	Yes		No	

If the answer to either of the last two questions is YES, please give details here (including dosage of any medicines /tablets).

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In the likely event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed: **Person with parental responsibility**

Please Print Full Name here:



SUMMARY

I give permission for my son/daughter to fully participate in BISAK sporting activities/events for the academic Year 2017/2018.

I acknowledge the need for obedience and responsible behaviour on his/her part. I authorise the school to act on my behalf in all matters related to this Trip/Visit.

I agree that any medication that my son/daughter may bring is given to the staff supervising the Trip/Visit. If any are sent with the pupil, please include instructions on how, when and amount to be given. The staff will hold these and if the pupil needs them, the pupil will request them from the teacher. The pupil will then self-administer the medication according to the written instructions.

I agree that the supervisor/s of the Trip/Visit may seek medical attention if it is deemed necessary. In case of any emergency I hereby permit the named supervisors to sign the consent forms for any treatment, including anaesthetic, after I have been contacted by a member of the medical profession (where possible).

The school's Public Liability Policy will provide insurance cover for any accident/injury to a child that occurs due to any proven negligence of the school supervisors but cannot be held liable for any accident/injury to a child arising from circumstances beyond their control.

Parents should also check their own medical insurance cover for their son/daughter prior to departure.

Please note it is parents responsibility to inform BISAK school of any changes to medical or personal information provided in this document.

Signed: (Person with Parental responsibility)

Please Print Full Name Here:

Childs Name: Form/Class

Date: