



**MEDICAL CONSENT FORM**  
*(THIS FORM IS CONFIDENTIAL)*

**A consent form for obtaining parental permission for a pupil to receive medical treatment**

**1. Personal Information**

Child's Full Name (as it appears in the passport):

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Date of Birth: ..... Age: ..... Gender: FEMALE/MALE

School year:

.....

Home Address:

.....

Postcode: ..... Country: .....

Phone Number:

.....

Person to contact in case of an emergency (Full Name):

.....

Address and Phone Number:

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Relationship to the child:

.....

**2. Medical Information**

Please provide details of any medical conditions or allergies that your child suffers from and any medication that they should take during the trip.

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**First aid or emergency medical treatment at Camp:** Will your child be taking any medications while at camp (prescription or homeopathic)?

If yes, list medication, dosage, schedule, route, and reason for medication:

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Is there any medication your child is not allowed to take (e.g. **antihistamine, nurofen/calpol**)? These would only be given if deemed absolutely necessary and every **attempt** would be made to contact parents.

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Does the child carry an EpiPen:        YES    /    NO

Does the child have medical insurance? If so, please list details:

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**3. Food Allergies and Essential Food Requirement**

Dietary requirements: (vegetarian, vegan, lactose intolerant, gluten free, religious beliefs etc.) List if your child is intolerant or allergic to any food items:

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**4. Does your child have any condition which might prohibit the child taking certain physical activities. If so, please provide details.**

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**5. Other**

Please provide any other information relating to your child that will be relevant and unable us to

**I declare that the information I have provided in this form is true and complete. I declare that to the best of my knowledge; my child is competent and medically fit to participate in the activities as part of the group. I am aware that any physical activity carries risk and I agree for my child to participate in such physical activities at the camp at their own risk.**

**I consent to the medical treatment will be given in the event of an emergency by a qualified member of staff.**

**I will inform Maksatics if any medical information provided changes as soon as possible.**

**I understand that the information in this form will be stored digitally. Please refer to Maksatics Privacy Policy for how the information is stored which can be found on <https://maksatics.camp>.**

Signature .....

Name .....

Date .....