



## Consent and Medical Form

**Please complete this form for each child and return to OSCARS' head office (3<sup>rd</sup> Floor Cairncross House, 25 Union Street, Edinburgh, EH1 3LR) as soon as possible and in any event BEFORE your child's first day at camp.**

Child's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Parent/Guardian's Name & Postal Address \_\_\_\_\_

Parent/Guardian's Email Address & Contact Number \_\_\_\_\_  
\_\_\_\_\_

**HOLIDAY CLUB YOUR CHILD WILL ATTEND:** \_\_\_\_\_

### CONSENT

I confirm that I give **consent** for (please tick each box) :

My child to walk home on his/her own (additional/specific consent form must be completed by parent/guardian prior to this arrangement being implemented) <b>Primary 4-7 only</b>	
OSCARS staff (qualified first aider) to administer emergency first aid to my child and to take appropriate action (e.g. call ambulance, hospital admission)	
OSCARS to Photograph/Film my child participating in activities and for photos to be displayed within the club environment and used as evidence of activities for Care Inspectorate visits.	
OSCARS to Photograph/Film my child participating in activities and for photos to be used for marketing/promotional materials (e.g. OSCARS' website & Facebook Page)	
My child to attend excursions/participate in activities off site	
My child to apply sun cream (parents should provide sun cream)	
My child to use scooters, bikes, ride-ons (parents should provide helmets where possible)	
My child to participate in swimming sessions (see below)	
My child to participate in activities offered by visiting specialists e.g. animal handling, sports coaching, drama groups	
My child to accept snacks offered by OSCARS	

### **Swimming**

To assist with our safety measures, please provide the following information in relation to your child's swimming capabilities (please circle the appropriate answer).

Is your child able to swim? Y / N  
Does your child require armbands? Y / N

Can your child swim 25 metres confidently? Y / N

Is there any additional information which may be of help to our staff?

This form will be kept on file and used as a record of consent, enabling your child to participate in activities organised by OSCARS. Consent may be withdrawn at any time by contacting the Play Leader.



## **MEDICAL**

**Please answer the following questions as fully as possible. All information is confidential to OSCARS and medical professionals:**

1. Has your child had any recent illnesses, operations or injuries?
2. Please provide details of any medical conditions/allergies, including related warning signs and symptoms.
3. Does your child take regular medication? If yes, please provide details. *If your child requires medication to be taken while attending OSCARS, a medical consent form and record of medication form will have to be completed in advance or on first day of attendance.*
4. Is your child allergic to bee, wasp or insect stings?
5. Date of last tetanus injection?
6. Please provide the full name, address and telephone number of your child's GP.
7. Please provide any additional information you feel we should have concerning your child.

### **Emergency Contact Details**

	<b>Name</b>	<b>Relationship to Child</b>	<b>Telephone Number</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

### **CONSENT & SIGNATURE**

I hereby give consent that the information provided on this form can be shared with OSCARS' staff involved in the care of my child and to medical professionals if required. I also give permission for OSCARS to administer first aid to my child should he/she require it and that medical treatment may be sought should they require it.

I give consent for my child to participate in activities outlined above as organised by OSCARS. I understand that any objection to my child participating in a specific activity must be communicated to the Play Leader in advance.

**Parent/Guardian's Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_