STOVER SCHOOL

Combined Cadet Force

Medical Consent Form

Pupil Details:

Pupil Name: ..... Year/Tutor Group: .....

Home Address: .....
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.....
.....

Name of Doctor: .....
Doctor's Address: .....
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.....
.....

Please give details below of any conditions requiring medical treatment or special arrangements, including details of treatment required: *(E.g. Asthma, travel sickness, anxiety)*

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Please give details below of any allergies: *(E.g. Food, penicillin, plasters)*

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.....

Does your son/daughter have any special dietary requirements? **Yes/No**

If yes, please give details below:

.....

Has your son/daughter received a tetanus injection within the last 10 years? **Yes/No**

If yes, please give dates:

.....

Is there any other relevant information about your son/daughter which CCF staff should be aware of or given advice on: *(E.g. Vertigo, claustrophobia, agoraphobia, panic attacks)* **Yes/No**

If yes, please give details below:

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.....
.....

Emergency Contact Details:

Contact A

Name: .....

Address: .....

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.....

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Contact No.: .....

Contact Email:.....

Relationship to pupil: .....

Contact B

Name: .....

Address: .....

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Contact No.: .....

Contact Email:.....

Relationship to pupil:.....

Photographic Consent:

Do you give permission for Stover School to take photographs/video footage of your son/daughter for use in Stover School CCF media (e.g. advertising, newsletter, social media)? **Yes/No**

Declaration:

I/we declare the information above is present and correct, and agree to update the school with any changes.

I/we consent to our son/daughter receiving medication as instructed and any emergency medical treatment considered necessary by medical authorities.

1/we consent to any necessary medical/dietary information being passed on to internal or external instructors or providers when on relevant cadet activities.

Parent/Guardian Name: .....

Signed: ..... Date: .....

Comments:.....

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