

Merchiston Juniors Fun Weekend Registration, Medical Information & Consent Form

1. Contact Details

Parent/Guardian Name _____

Address _____

Postcode _____

Tel. No (Landline) _____

Tel. No (Mobile) _____

Email Address 1 _____

Email Address 2 _____

2. Child's Details

Name of Child _____

Date of Birth _____ / _____ / _____

dd mm yyyy

Current School _____

3. Statement of Previous Medical History

Please complete the following (in full), with the help of your current medical practice if necessary.

Name of child's doctor: _____

Address of child's doctor: _____

Tel. No. of child's doctor: _____

1) Medical History

Has your child had any accident, illness or operation, requiring out-patient or in-patient hospital treatment?
(if 'yes', please give details of the condition, its treatment and date, and where treated):

Yes **No**

a) Does your child attend any hospital clinics? If yes, please give details:

Yes **No**

2) Allergies

a) Does your child have any allergies to drugs or medication?
(If 'yes', please give details, eg Penicillin):

Yes **No**

b) Does your child have any food, or other allergies?
(If 'yes', please give details):

Yes **No**

c) Please describe below how your child reacted to the allergen and what treatment has been used to date:

3) Medication

a) Is your child currently taking any **prescribed** medication, from your GP, a hospital clinic or a pharmacy? (If 'yes', please give details including dose / how often required):

Yes **No**

b) Is your child currently taking any **other** medication?
 (If 'yes', please give details; eg dose / how often required):

Yes **No**

4. Permission for Emergency Treatment

In an emergency, staff may be asked to give consent for a surgical, medical or dental procedure and the administration of a general or local anaesthetic before parents can be contacted.

We would be grateful for the permission to do this should the need arise. We shall, of course, make every effort to contact you first.

I hereby give permission for my child to have a general, or local anaesthetic if considered immediately necessary by a doctor.

✍ Signature of parent(s): _____

5. Permission for Medication to be Given

If required, do you give permission for staff, to administer the following medication to your child? (Please tick as appropriate):

	Yes	No
Pain relief, e.g. Paracetamol / Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>
Antacids, e.g. Rennie's	<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine, eg Piriton	<input type="checkbox"/>	<input type="checkbox"/>
Decongestants, eg Sudafed	<input type="checkbox"/>	<input type="checkbox"/>
Cough Mixtures and Throat Lozenges	<input type="checkbox"/>	<input type="checkbox"/>

I hereby give permission for my son to receive medication as indicated above:

✍ Signature of parent(s): _____

6. Emergency Contact Details

Name of parent / guardian _____

Tel. No _____

In case of an emergency we require **TWO** alternatives to the main carer contact details above

Name of contact 1 _____

Relationship to child _____

Tel. No _____

Name of contact 2 _____

Relationship to child _____

Tel. No _____

7. Photography and Filming

I give permission to allow my child to be photographed or filmed during their Merchiston visit. Photography or video footage may be used by the School for the purposes of future internal and external marketing activities.

Yes **No**

8. Activities

Saturday Boarding Option

Will your child be staying over on the Saturday evening?*

Yes No * only for boys considering boarding.

Trips

On Saturday afternoon, we will take all boys to Volcano Falls Mini Golf and Ten Pin Bowling.

I give permission for my child to be taken off site for the above activities.

Yes No

For those staying for the Fun Sleepover, there will be a Sunday activity at Clip 'n Climb. More information can be found here:
<https://www.edinburghleisure.co.uk/clipnclimb>.


I give permission for my child to participate in Clip 'n Climb.

Yes No

I consent to emergency medical treatment being given if deemed necessary during the activity.

Yes No

9. Please check all required fields are complete and sign below.

 Signature of parent(s):

Date:
