



UNDER 18'S SWIMMING ABILITY

- Is your child able to swim 50 metres? YES / NO
- Is your child water confident in a pool? YES / NO
- Is your child confident in the sea or in the open inland water? YES / NO
- Is your child safety conscious in water? YES / NO

DECLARATION

I would like _____ (name) to take part in the specified visit and having read the information provided and been to the pre-pilgrimage parents meeting I agree to him/her taking part in the activities described.

I confirm that my son/daughter is in good health and I consider him/her to be fit to participate. YES / NO

I am happy for this information to be shared amongst those who will be responsible for my son/daughter during his/her time in Lourdes. I am also happy that if there is a significant past history this form will be passed on to the Medical Team who may need to seek further information from me.

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

J'accepte de recevoir tous les médicaments prescrits et tous les traitements dentaires médicaux ou chirurgicaux en cas d'urgence, y compris les anesthésies et les transfusions sanguines considérées nécessaires par les médecins présents.

Signed: _____ (Parent/ Guardian)

Print Name: _____ Date: _____

EMERGENCY CONTACTS

Alternative Emergency Contact:

Name: _____ Telephone: _____

Mobile: _____

Address: _____

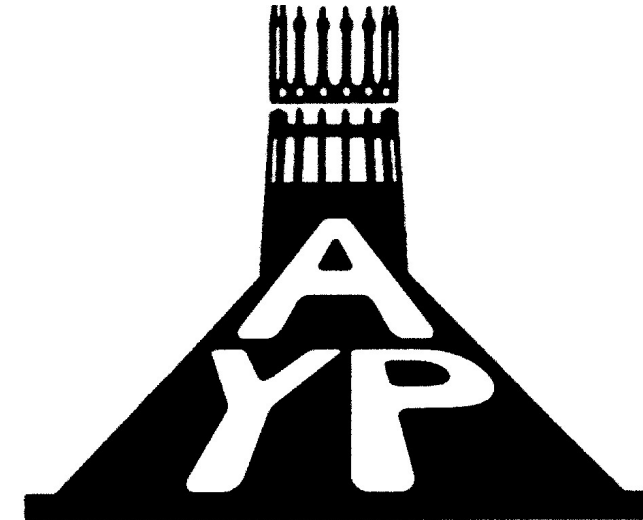
Name of family Doctor: _____ Telephone: _____

Address: _____

Animare Youth Ministries

Low House, Crab Street, St. Helens WA10 2BE

Reg Charity No. 232709 Animare is the Youth Service of the Archdiocese of Liverpool



MEDICAL CONSENT FORM

Under 18's

Under 18's form is to be completed by parent or guardian

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UNDER 18's MEDICAL CONSENT FORM

Please read and fill in this brief form, making sure to sign the declaration of consent.

I agree to _____ (name) taking part in this pilgrimage.

I agree to _____ (name) participation in the activities described.

I acknowledge the need for _____ (name) to behave responsibly.

PERSONAL INFORMATION

Your Son/ Daughters Details:

Surname: _____ Name: _____

Date of Birth: _____ Age: _____

Address: _____

Emergency Contact Details:

Telephone Numbers: _____ Home: _____

Work: _____ Mobile: _____

MEDICAL INFORMATION

A. Does your son/daughter have any conditions needing ongoing treatment (including medication)? **YES / NO**

If YES, please give details: _____

B. Has your son/daughter been treated within the past 2 years for any significant health issue **YES / NO**

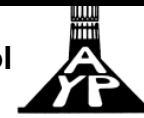
If YES, please give details: _____

Please make sure that your son/daughter is carrying enough medication. For inhalers please ensure that there is a supply in hand luggage and in suitcase.

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MEDICAL INFORMATION CONTINUED

C. Does your son/daughter have any allergies? **YES / NO**
(E.g. Paracetamol, Asprin etc)

If YES, what are they? _____

D. Please outline any special dietary requirements of your child including food allergies (Gluten, Dairy, Wheat, Nut).

E. Is your son/daughter a vegetarian? **YES / NO**

F. What type of pain/flu relief medication may your child be given if necessary?

G. Does your son/daughter have a particular disability? **YES / NO**

If YES, please give details: _____

H. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered anything in the last four weeks that may be contagious or infectious? **YES / NO**

If YES, please give details: _____

I. Does your son/daughter have any psychological problems? **YES / NO**
(Eating disorders. Schizophrenia, poor mental health or depression)

If YES, please give details: _____

J. When did your son/daughter last have a tetanus injection? _____

K. Are there any personal details that the Coach Leader should be aware of? **YES / NO**

If YES, please give details (Please use a separate sheet if necessary):

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