



EMERGENCY CONTACT DETAILS OF PARENT/GUARDIAN (cont.)

Second named person:

Name: _____

Relationship to young person: _____

Telephone Numbers _____ Mobile: _____

Work: _____ Home: _____

Name of Family Doctor: _____ Telephone: _____

Address: _____

UNDER 18'S CONSENT 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.

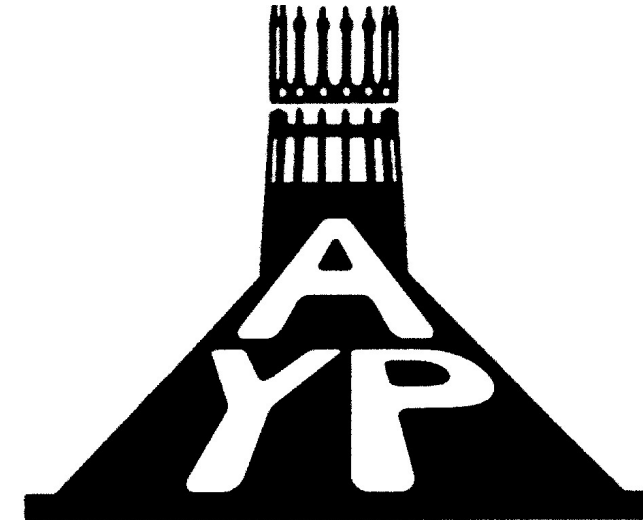
J'accepte de recevoir tous les médicaments prescrits et tous les traitements dentaires médicaux ou chirurgicaux en cas d'urgence, y compris les anesthésies et les transfusions sanguines considérées nécessaires par les médecins présents.

Signed: _____ (Parent/ Guardian)

Print Name: _____

Date: _____

Lourdes Youth Pilgrimage

PARENTAL MEDICAL CONSENT
FORM (FOR UNDER 18s)

**Please complete and return the
 Medical Consent Form to your Coach
 Leader**

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

Name of Youth Pilgrim: _____



UNDER 18'S PARENTAL MEDICAL CONSENT FORM

Please read and complete this brief form, making sure you sign the declaration of consent.

PERSONAL INFORMATION—Young person's details

Surname: _____ Name: _____

Date of Birth: _____ Age: _____

Address: _____

MEDICAL INFORMATION

A. Does this person have any medical conditions which require ongoing treatment (including medication)? YES / NO
 If YES, please give relevant details: _____

B. Has this person been treated within the past two years for any significant health issue (physical or psychological)? YES / NO
 If YES, please give relevant details: _____

Please make sure that he/she is carrying enough medication for the duration of the visit. For inhaler users, please ensure that there is sufficient supply in the hand luggage and suitcase

C. Does this person have any allergies? YES / NO
 (E.g. Penicillin, Gluten, Dairy, Wheat, Nut, Paracetamol, Aspirin etc)
 If YES, please give details: _____

D. If necessary, what type of pain/flu relief medication should this person be given?

E. Does this person have a disability that you feel we should be aware of? YES / NO
 If YES, please give details: _____



MEDICAL INFORMATION CONTINUED

F. To the best of your knowledge, has this person suffered from, or been in contact with, any contagious or infectious diseases in the last four weeks? YES / NO

If YES, please give details: _____

G. When did he/she last have a tetanus injection? _____

H. Are there any other details that you feel the leader should be aware of? (Please include fears or phobias as this will assist adult helpers should a difficulty arise). YES / NO

If YES, please give details: _____

SWIMMING

Is this person:

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

DIETARY REQUIREMENTS

Does this person have any special dietary requirements? YES / NO

If YES, please give details: _____

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