

# Medical & Emergency Contact Form

Name of Student

Date of Birth

Medical Information

Contact 1  
Title   
Name

Relationship to Student

Address

Mobile No   
Home & Work No   
Email Address

Contact 2  
Title   
Name

Relationship to Student

Address

Mobile No   
Home & work No   
Email Address

**If a situation arises where a student has a serious accident every effort will be made to contact the parent/carer. In the event of an emergency, any decisions on treatment will be taken by the medical professionals.** I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

*I will inform the Trip Leader as soon as possible of any changes in medical or other circumstances between now and the commencement of the trip.*

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

Full name: .....