

## Parent/Guardian Consent and Contact Information

This form must be **completed by the parent/guardian** and returned **along with full payment 30 days prior** to start of camp to The Oakes Holiday Centre, The Oakes, Oakes Park, Norton, SHEFFIELD S8 8BA.

Young Person's Name: \_\_\_\_\_ Date of Arrival at Oakes: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year: Y \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

\_\_\_\_\_ Other Phone No: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

- |   | Please ✓ |       |
|---|----------|-------|
|   | Yes      | No    |
| • Does your son/daughter suffer from any illness, medical condition, or allergy?<br>If yes, please turn overleaf and give details.    | _____    | _____ |
| • Will your son/daughter be taking any medications whilst at The Oakes?<br>If yes, please give details _____                          | _____    | _____ |
| • Does your son/daughter have any special dietary requirements, food allergies, or intolerances?<br>If yes, please give details _____ | _____    | _____ |
| • Is your son/daughter actively sensitive to Penicillin?  | _____    | _____ |
| • Is your son/daughter up to date with their immunisations?   | _____    | _____ |
| • Do we have permission to give Paracetamol to your son/daughter if it is thought necessary?  | _____    | _____ |
| • Is your son/daughter allowed to take part in water-based activities; i.e., raft building?   | _____    | _____ |
| • What is your son/daughter's swimming ability? Non-swimmer _____ 10m _____ More than 10m _____                                       |          |       |

### Please provide the name, address and telephone number of your Family Doctor

Doctor's Name: \_\_\_\_\_ Doctor's Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

### In case of an emergency, please provide details of other people whom we could contact:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to my son/daughter taking part in activities at The Oakes, as described in the brochure, and consent to any emergency medical treatment that is necessary. I authorise the camp leader to sign, on my behalf, any written consent required by the hospital authorities should a surgical operation or medical treatment be necessary. I understand that this would only be necessary if, in the opinion of the doctor or surgeon concerned, delay in obtaining my signature is likely to endanger my child's health and safety.

### Please add any further information on the back of this form.

Signed: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ (Parent/Guardian)

NB: Camp photographs may be used in The Oakes Trust publicity, displays, literature, and web site. Campers' data is stored on office computers and is kept for Oakes business only (information is not disseminated outside of The Oakes). Please be aware that campers sometimes ask Oakes team members to write to them. Please let us know if you would prefer Oakes team members not to write to your son or daughter.

12/06/09

## Medication to be taken at The Oakes

**Oakes Policy:** All medication (including Paracetamol) must be given to an Oakes leader on arrival. It will be placed in a lockable medicine cabinet. Two adults will then dispense the medication at the appropriate times. Reliever inhalers for Asthma can be kept by the child in an agreed place (indicated on their Passport).

**Medication brought to The Oakes must have the following:**

1. If a prescription, then the child's name must be on the label of the medicine.
2. The medicine must be clearly labelled with the name of the drug. If sending a sheet of tablets, then ensure that the name of the drug is clear on this – if not – then please send the original packet.
3. The medicine needs to be within a clearly visible expiry date. No expired medicines can be given.
4. The amount (mg/g/mls) must be clear on the prescription label, packet instructions & the tablet sheet.
5. Details of what time the last medicine was/will be given prior to arriving at The Oakes.

<b>Name:</b>	<b>Date of Birth:</b>
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Reason for taking medication	Name of medication	Dosage & times

If your child has an allergy, we would be grateful if you could give us the following information.

Allergic to....	Medication to be taken (including EpiPen)	Have they ever had an Anaphalactic shock? Details...	When was the last reaction to the allergy suffered?	What signs & symptoms? Does the child recognise these symptoms?

**Further Information**

Anything else which you consider that The Oakes staff should be aware of (e.g. recent bereavement/change of school/illness, etc)

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Signature of PARENT / GUARDIAN..... Date.....

Please inform The Oakes of any relevant changes in medication or medical condition occurring prior to arrival.