

**Personal Information and Trip Consent Form**

**This form should be completed returned to the Trip-Leader by 5th April 2019**

**If the participant is below 18 years of age, this form must be signed by a Parent/Carer**

**(PLEASE USE BLOCK CAPITALS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal details:** | | | | | |
| **Full name:** | | | | **Date of birth:** | |
| **Home address:** | | | | **Home telephone number:** | |
| **Passport number:** | | | | **Passport expiry date:** | |
| **Nationality:** | | | | **Country of birth:** | |
| **Travel insurance company and policy number:** | | | | **E111 Number:** | |
| **Names, addresses and telephone numbers of people to be contacted in case of an emergency:** | | | | | |
| **Emergency contact 1:** | | | | **Relationship:** | |
| **Emergency contact 2:** | | | | **Relationship:** | |
| **Emergency contact 3:** | | | | **Relationship:** | |
| **Medical Information:** | | | | | |
| **Doctor's name and Practice address:** | | | | **Doctor’s telephone number:** | |
| **Please provide details of any known medical conditions:** | | | | | |
| **Please indicate any allergies, including severity:** | | | | | |
| **Please give name and dosage of any medication currently being taken:** | | | | | |
| **Does the participant self-medicate?** | **Yes** | |  | **No** |  |
| **Please provide details of any current medical treatment being received, including hospital name:** | | | | | |
| **Please indicate any food not eaten for religious or health reasons:** | | | | | |
| **Is there any further information to be aware of relating to health or well-being?** | | | | | |
| **Is the participant able to swim 50m unaided?** | | | | | |
| **National Health number (if known):** | | **Date of last anti-Tetanus injection:** | | | |
| **Medication for participants under 18 years of age: Please name all medication and provide clear instructions for its use and dosage (whether or not the participant self-medicates)**  **Inhalers and Epipens: Please ensure a spare, clearly labelled Inhaler/Epipen is brought to the event, to be held by the first-aider** | | | | | |
| **First-Aid kit and medication (Under 18s only):**  **The following medication will be available on the trip. Please tick to indicate which may be given if required by the participant\*:**   |  |  |  |  | | --- | --- | --- | --- | |  | **Plasters/sticky bandages** |  | **Bonjela** | |  | **Calpol Six Plus** |  | **Suntan lotion/After-sun cream** | |  | **Paracetamol** |  | **Travel sickness tablets** | |  | **Ibuprofen** |  | **Anti-histamine** | |  | **Strepsils** |  | **Diarrhoea relief tablets** |   **\*A written record will be kept of any first-aid treatment or medication administered** | | | | | |

|  |  |  |
| --- | --- | --- |
| Consent | Yes | No |
| Having read the information provided, I consent to the participant taking part in all of the activities provided in the schedule or other activities assessed as safe and suitable by the Trip-Leader during the visit. |  |  |
| I understand that the Trip-Leader and other staff present on the trip will take all reasonable care of participants, acting in loco parentis. |  |  |
| I agree that the information provided on this form can be retained by Milton Keynes Gymnastics for up to one year after the event (in case of repercussion) and be shared with staff supervising the trip for the safety and well-being of the participant. |  |  |
| I agree to the participant receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases every effort will be made to contact parents/carers in the first instance so long as time allows. |  |  |
| I agree to photographs and video being taken of the participant for sharing with parents/carers and other participants on the trip |  |  |
| I agree to photographs and video being taken of the participant for sharing via Milton Keynes Gymnastics’ social media e.g.: Facebook, Twitter, Instagram, Website |  |  |
| I agree to photographs and video being taken of the participant for the promotional purposes of Milton Keynes Gymnastics |  |  |

**I agree that:**

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

**may take part in the visit to the Portugal International Open 2019**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/carer if participant under the age of 18 years:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**