Mount Cook Medical Information and Consent Form

Child's Name:	**Date of Birth:**
Home Address:	**Next of Kin 1:** Relationship to child: Contact Number: **Next of Kin 2:** Relationship to child: Contact Number:
Name, address and contact number of own doctor:	

MEDICAL DISCLAIMER

Individuals **MUST NOT** participate in activities if any of the following applies to them without written approval from your GP.

- High or low blood pressure
- Heart disease or any other cardiovascular problems including undiagnosed recurring chest pain.
- Breathing difficulties (including asthma) which is not satisfactorily controlled by prescribed medication.
- Frequent episodes of feeling faint or dizzy or taking medication which can cause drowsiness.
- Back pain or limited movement in any joint.
- Currently pregnant or have recently given birth.

Please tick any of these conditions which have been professionally diagnosed and apply to your child:

Asthma ☐ Heart condition ☐ Hay fever ☐ Migraine ☐ Epilepsy ☐ Diabetes ☐ Other ☐

Does your child suffer with travel sickness (if providing tablets please make sure a medical form is completed):

YES NO

Any dietary requirements (medical or religious needs, not personal preferences) Please tick any that apply:

Vegetarian Vegan Gluten-free Dairy-free Nut allergy Kosher Halal No shellfish

Allergy: Other:

Any other information that you feel staff should know:

DECLARATION

I understand that Mount Cook offers a range of activities which can never be entirely risk free.
I give permission for any medical treatment deemed necessary to be given to ensure the wellbeing of my child.
I confirm that the information I have provided is correct and complete. I will inform the school office as soon as possible if there are changes to this.

Parent / Guardian Name (please print)	
Signed	**Date**
