

VISIT TO		DATE	
LEADER			

VISIT MEMBER		AGE & D.O.B.	
Address			
Parent / Carer name (if applicable)			

EMERGENCY CONTACT INFORMATION			
First option – Name		Tel (home)	
Address		Tel (mobile)	
Second option – Name		Tel (home)	
Address		Tel (mobile)	

MEDICAL – Please give full and accurate information				
Doctor's name		Practice	Tel	
Recent medical issues / illnesses / surgery				
Has your child / ward been in close contact with any contagious diseases?				
If yes, please give details				
Any illness in the last 4 weeks				
Any current course of medication				
Any restrictions you would wish to place on emergency treatment:				
I authorise all medical and surgical treatment, including X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/carer can be reached in the case of an emergency.				
Parent / Carer's signature		Date		

PHOTOGRAPHY
Please tick the box if you do not consent to photographs being taken of your child / ward that could be used to promote activities in by the Scottish Bridge Union. <input type="checkbox"/>

CONSENT				
I, being over 18yrs of age or having parental rights and responsibilities towards the above-named person understand the nature of the excursion / activities and agree to them taking part and that they are fit and able to do so. inform the excursion leader of any significant changes to the information I have provided about the person named in this form between now and the excursion taking place.				
Name (Block Capitals)		Signature		Date

CONSENT, MEDICAL FORM FOR BRIDGE RELATED EXCURSIONS