



WILD WANDERERS

INFORMATION FORM

**BILLINGSMOORE FARM, BUTTERLEIGH,
NR EXETER, DEVON.
07816146554**

Event:

Date:

Location: ----- Wild Wanderers Forest School Site, Butterleigh, Devon

Meeting place and time: ----- Wild Wanderers site by the outdoor oven/main field

Collection place and time: --- Wild Wanderers site by the outdoor oven/main field

Any other relevant information:

Organiser and contact details: Phillipa Chinn 07816146554

Please keep this section for your own information, and detach and return the section below.



Please complete and return this section to Phillipa Chinn.

Name of young person:

D.o.B:

Emergency contact:

Phone:

Doctor's name and contact details:

Details of any medications currently being taken:

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect this event:

e.g. Vegetarian

Details of any infectious diseases he/she has been in contact with in the last three weeks:

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.

Signed:

Date:

Relationship to young person:

Please Note:

The medical profession takes the view that the parent's/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus, medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so.

For this reason we do not recommend that Leaders insist on parents/carers signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand able to sign forms required by medical authorities.