Rock Solid Medical and Contact information Form for Trips.

At the Rock Solid Club we do all we can to protect the safety of your child. This is why we would like you to fill in this form. Please keep us up to date if there are any changes. For trips out it is particularly important to have this medical information at hand. After filling in this form most of our trips will only need the very simple consent form we already use.

very simple consent form we already use. Name male/female	male/female	
Address		
Post CodeAge Date of Birth/_	/_	
Phone Number Mobile Number		_
Please circle		
Does your son/daughter suffer from any illness, medical condition, or allergy? If yes please give details.	Yes	No
If your child has an allergy can you supply these details. What are they allergic to?	Yes	No
Medication to be taken (including Epipen)		
Has your child ever suffered an Anaphalactic shock? When was the last reaction to the allergy suffered.	Yes	No
What signs and symptoms present?		
Does the young person recognise these symptoms?	Yes No	
Is your son/daughter taking any regular medication? If yes give details.	Yes	No
Is your son/daughter up to date with their immunisations?	Yes	No
Do we have permission to give paracetamol to your son/daughter if is thought necessary?	Yes	No
Is your son/daughter actively sensitive to penicillin?		
Can your son/daughter take part in water based		

activities?

Please supply the name address and telephone number of your doctor.		
NameDoctors	phone number	
Address		
	ida dataila af tuus maanla uuham uus	
In case of emergency, please provi	de details of two people whom we	
Name	Name	
Addess	Address	
Phone	Phone	
Please give details of any other re helpful particularly when they are eg fear of dark fear of height:	staying away from home.	
SignedPar	rent / Guardian Date//	
Printed name		
•	They may be displayed on our Rock n and look) in the Church Magazine	