

PARENTAL CONSENT FORM

This form is to be read, dated and signed by the parent/guardian of the student named below.

The purpose of this form is to ensure that your son/daughter/ward can be given medical care at the discretion of the Staff Instructing/Medical Officers on the course should the need arise.

Students Details

Surname _____ Initials _____

Forename _____ Date of Birth _____

Contact Address _____

Postcode _____ Tel No. _____

I give my full consent to my son/daughter/ward to attend the HMS TEMERAIRE diving course.

I have given details below of any significant medical history, any medical treatment, medicines and drugs that he/she might be taking.

I hereby authorise NHS doctors to carry out any necessary operations should the need suddenly arise - eg appendicitis etc - as approved by the staff supervising my son/daughter/ward on this trip.

MEDICAL INFORMATION

My son/daughter/ward is subject to the following:

Physical conditions _____

Feeding restrictions _____

Current Medical Treatment _____

Special Treatment _____

Cont over

The name of his/her doctor is _____

Doctors address _____

Telephone Number _____

I have read the above and the information is, to the best of my knowledge, accurate.

Date: _____ Signed: _____

Father/Mother/Guardian (delete as applicable)

THIS FORM IS TO BE HANDED TO THE
COURSE INSTRUCTOR ON ARRIVAL
ANYBODY NOT HAVING FORM WILL BE
SENT HOME /SCHOOL.