

## DEVON &amp; SOMERSET FIRE &amp; RESCUE SERVICE

MEDICAL INFORMATION AND CONSENT FOR TREATMENT  
UNDER 18 YEARS**CONFIDENTIAL**

WHEN COMPLETED

**MEDICAL INFORMATION**

CHILD'S FULL NAME ..... DATE OF BIRTH .....

CHILD'S SCHOOL .....

PARENT / CARER'S FULL NAME .....

HOME ADDRESS .....

..... POSTCODE .....

CONTACT NUMBER IN CASE OF EMERGENCY HOME .....

WORK .....

MOBILE .....

NAME AND ADDRESS OF FAMILY DOCTOR .....

TELEPHONE NUMBER ..... CHILD'S NHS no .....

1. HAS YOUR CHILD HAD ANY OF THE FOLLOWING? (IF YES, PLEASE EXPLAIN ON THE NEXT PAGE)

Asthma or bronchitis	YES	NO
Sight or hearing impairments	YES	NO
Heart condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs	YES	NO
Any other allergies, eg material, food, medicine, pollen or dust	YES	NO
Other illness or disability	YES	NO
Recent bed wetting	YES	NO
Sleep walking	YES	NO
Travel sickness	YES	NO
Anaphylaxis	YES	NO

**PLEASE TURN OVER**

*If the answer to any part of question 1 overleaf is YES, please give details below (including any medication)*

2. Has your child received vaccination against tetanus in the last ten years? YES NO
3. Has your child received medical or surgical treatment of any kind from either your family doctor or hospital during the past 3 months? YES NO  
*If yes, please give details (including any medication)*
4. Has your child been given any special instructions, about a medical condition they have, to follow in an emergency? YES NO  
*If yes, please give details (including any medication)*
5. Are there any other considerations that you would like to tell us about your child eg faith, religion, culture, dietary choices? YES NO  
*If yes, please give details*

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### CONSENT FOR TREATMENT

I confirm that the information that I have given is true, to the best of my knowledge and belief, and I consent to my child receiving any necessary medical treatment for any illness or injury during activities with Devon & Somerset Fire & Rescue Service.

Signed ..... Print ..... Date .....  
 Father / Mother / Carer

#### NOTE:

If you would prefer to discuss any medical matter privately with the Children & Young People's Team, please make an appointment to do so.