



# General/Medical Information Form

## Active Schools – Screening Form

**ACTIVITY:** \_\_\_\_\_

**VENUE:** \_\_\_\_\_

**DATES & TIME:** \_\_\_\_\_

**COST:** \_\_\_\_\_  
*(Please enclose cash or cheque payable to 'Aberdeenshire Council')*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**POSTCODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PRIMARY CLASS (e.g. P1):** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Places may be limited for some activities and will be issued on a first come, first served basis. To register please return the completed form and payment to your child's school office.

Name: \_\_\_\_\_

Please state any relevant medical conditions we need to be aware of and any medication taken.

1 \_\_\_\_\_

2 \_\_\_\_\_

**Emergency Contacts** - Please provide contact details of someone we could contact in the event of an emergency

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Pick Up** - If the activity is being held after school please tick one of the following boxes:

I give permission for my child to make his/her own way home

I do not give permission for my child to leave and a parent/guardian will collect them at the end of their class

**Photography** may be used during the sessions for promotion and publicity purposes. Please tick this box if you DO NOT wish your child to be photographed

The information given will be treated in confidence and held in accordance with the requirements of the Data Protection Act 1998.

I agree to my child receiving emergency medical treatment if necessary.

Signature of Parent/Guardian: \_\_\_\_\_

