Health Declaration and Consent Form

Date of trip (dd/mm/yy) …………………………………

All Participants on the Trip are asked to complete this declaration. Please return this (and the Emergency Contact Details form) to the Trust office. A copy will be carried to Nicaragua by the Field Manager and this information will be kept in confidence and only used in the case of your illness, injury or other emergency.

For participants under 18yrs we ask that an adult with parental responsibility sign the Appointment to act in Loco Parentis on page two below.

Your name: ……………………….………………………….. Age at trip: ………..………….

1. Please give details of …

a) Recent infectious diseases, illnesses or symptoms recently suffered (e.g. Flu, TIA, cramps etc):

……….……………………………………………………

b) Ongoing conditions or disabilities (physical or mental) about which the Trust should be advised (e.g. asthma, diabetes):

…………………………………………..……………………………………..………………………….

c) Current medication that needs to be continued on your trip: (Please state below and also label medication clearly with name and instructions)

…………………………………………………………………………………………..……………………….

…………………………………….……………………………………………………………………………..

…………….……………………………………………………………………………………………………..

d) Essential dietary needs which may impact on the catering arrangements for the trip: ………………………………………………………………………………………………………………….

e) Other significant allergic reactions you suffer (e.g. from insect bites, antibiotics):

…………………………………………………………………………………………………………………..

2. Please confirm your current vaccination protection:-

a) Triple Tetanus/Diphtheria/Polio: Current? Yes/No Expiry date / /

b) Hepatitis A Current? Yes/No Expiry date / /

c) Typhoid Current? Yes/No Expiry date / /

d) Malaria protection. Are you protecting yourself with appropriate tablets? Yes/No

e) Other vaccinations? (e.g. Yellow fever, Rabies) Please state, with dates:

……………………………………………………………………………………..

……………………………………………………………………………………..

…………………….……………………………………………………………….

3. **DECLARATION: I confirm that I have read the Safety Briefing and declare that I am fit to travel and have no ongoing medical conditions.  My GP would confirm if asked, that they know of no reason why I am not fit to travel (subject to the above matters). I understand that I will not be required to carry out any activity beyond my ability to perform in safety.**

Signed ……………………………………………..… Date …………………….…...

-----------------------------------------------------------------------------------------------------------------------------

APPOINTMENT TO ACT IN LOCO PARENTIS (for those under 18)

*This form should be completed and signed by the parent or Guardian of the child.*

*Please complete this form using capital letters.*

*This form should be given to the person whom you wish to appoint to act in on your behalf in a parental role whilst they are in, or travelling to, or from Nicaragua between …..……. 201\_ and 201\_ .*

**Childs name:-** …............................................................................

**Date of birth:-** ........................................

**Name of parent/ person with parental responsibility:-**........................................

Relationship to child..................................................................................................

**Contact details during period of event:-**

Address.....................................................................................................................

Telephone no............................................................

Mobile no. if available................................................................

***Please give details of anyone else who holds parental responsibility for the child and who may be available to be contacted in an emergency in the event that you cannot be contacted:***

Name:...............................................................................

Relationship to child.........................................................

Emergency contact number..............................................................................

**I hereby consent to ……………………….................. acting in loco parentis on my/our behalf, for the child named above, and authorise them specifically to be able to consent to any emergency or medical treatment necessary.**

Signed................................................................... Date .......................

Version 5 July 2019a.