

## The Duke of Edinburgh BRONZE Award

### Emergency contact and consent

Students Name. \_\_\_\_\_ Tutor Group \_\_\_\_\_

I give authority for Mrs Tyrrell (or a nominated member of the expedition staff) to act "in loco parentis" should my son/daughter need emergency medical attention (including surgery, anaesthetic, x-rays etc). I understand this may require them to give consent on my behalf for such treatment as is necessary. (It is understood that the school will always attempt to obtain parental consent first, where it is possible to do so). Y  N

I consent to my child receiving first aid from an appropriately trained member of staff. Y  N

I confirm that the information recorded on the medical consent form collected in October is still accurate. Please advise us below of any additional medical concerns/needs that have arisen. Y  N

I understand that any communication with my son/daughter must be via the Mrs Tyrrell (DofE Manager). Y  N

I understand that I must be local and contactable throughout the course of the expedition. Y  N

In order of preference, please provide contact details for anyone who may be contacted in the case of an emergency.

	Name of contact	Relationship to student	Contact details
1			
2			
3			

Please return this form to Mrs Tyrrell by **Friday 10<sup>th</sup> May**