

Volunteer Police Cadets / Planned Community Event Health and Permission Form

The permission to which this form relates will be for the specific event to which it refers only. However in certain specific circumstances, relating to the Volunteer Police Cadets only, it can be used for a generic permission.

If you are under 18, ask a parent/guardian/carer to complete and sign this form.

WARNING If you do not have the form properly completed then you will **NOT** take part.

Activity / Event: Yearly Health and Permission Form

Venue:

Date:

Type of Activity:

Email Address:

Participant Details

Family Name:

Forename:

Address:

Daytime Tel. No.:

Evening No.:

Mobile No.:

Date of Birth:

Age:

Can they swim?

Yes

No

Strong swimmer

(over 100m)

Yes

No

Intermediate

(over 50m)

Yes

No

Basic level

(over 25m)

Yes

No

Emergency Contact 1

Name:

Address:

Daytime Tel. No.:

Evening No.:

Mobile No.:

Emergency Contact 2

Name:

Address:

Daytime Tel. No.:

Evening No.:

Mobile No.:

RESTRICTED WHEN COMPLETED

Medical Details

Doctor's Name:

Consultant's Name:

Address:

Hospital:

Tel. No.:

Tel. No.:

National Health Number:

Date of Anti-Tetanus Protection:

Does HE / SHE suffer from any of the following? **(PLEASE READ CAREFULLY)**

Chest pain brought on by physical activity?

Yes

No

Loss of consciousness or suffers dizziness when taking part in physical activity?

Yes

No

Asthma, exercise-induced asthma, chest complaint, wheezing, hay fever?

Yes

No

Fits/faints, migraine, bad period pains, diabetes?

Yes

No

Other illness or injury?

Yes

No

Any disability?

Yes

No

Or does HE / SHE have any specific requirements?

Yes

No

If **Yes**, please provide details (use separate sheet if required):

Is HE / SHE **allergic** to anything (e.g. antibiotics, particular foods or drugs)?

Yes

No

If **Yes**, please provide details:

Is HE / SHE receiving any **medical treatment**?

Yes

No

Is HE / SHE under the care of a doctor for a **serious medical condition**?

Yes

No

Is HE / SHE taking any form of **prescribed medication**?

Yes

No

Is there any history of serious medical conditions in the family?

Yes

No

If **Yes**, please provide details (please also give details of any pills, medicines, etc):

Has HE / SHE had contact with any **infectious illnesses** within the last month?

Yes

No

If **Yes**, please provide details:

PLEASE NOTE: All medication required should be given to the first-aid staff (minimum ELS standard) and clearly marked with the participant's name and full instructions for use (except for inhalers, which may be retained by the participant). Medication **will not** be physically administered by our staff. The participant should be capable of self-administering their own medication. We will only look after it and make it available for them to use.

RESTRICTED WHEN COMPLETED

Is there any other information you wish to inform us about that may have an impact on your son/daughter/ward's **ability to take part in this event or activity?** (Please bear in mind that some activities are strenuous.) Yes No

If **Yes**, please provide details:

Please give details of any **special dietary requirements** here:

Emergency Permission

In the event that medical staff considers that immediate treatment is essential and the delay in contacting me is likely to prejudice recovery, I authorise MPS staff to give permission to the doctor to undertake whatever treatment is considered necessary.

In the event that an emergency situation arises at home and I consider it necessary to tell my *son / daughter / ward about it while *he / she is with the cadets, I will contact the Integrated Borough Operations Office (IBO) on **(Local Staff to inform telephone number before activity/event)**. I will not seek to contact my *son/daughter/ward direct in these circumstances.

Permission for Photography/Filming

I consent to pictures/film of my son/daughter/ward* being used in publicity for the Metropolitan Police Service and the Metropolitan Police Authority. Participant's names may be included with any photographs but no other identifying information will be included.

This publicity may include:

- * Use in static displays at exhibitions and conference;
- * Use in static displays in public places, including libraries;
- * Station Open Days;
- * Use in local newspaper articles;
- * Use in national newspaper and magazine articles;
- * Use in internal police publications.

Permission to Take Part

- I consent (for my son/daughter/ward*) to take part in the above activity.
- **I am fully aware of the type and extent of the activity.**
- The information I have supplied above is true to the best of my knowledge.
- I have been able to access the risk assessment. (Available from the MPS staff organising.)
- I am aware of the extent of the insurance cover. (Available from the MPS staff organising.)

*Please delete as applicable

NB If the participant is sick within the 24 hours prior to the activity, they cannot take part.

Signed Participant (if over 18).....

Signed (Parent/Guardian).....

Print Name.....

Date.....