

Catholic Association Young Helpers
Lourdes Pilgrimage 17th – 26th August
Under 18s Consent & Medical Form

Personal Information of Young Person	
Surname	Name
Date of Birth	Age
Address	
Medical Information	
<p>A. Does this person have any medical conditions which require ongoing treatment (including medication) ? Yes No</p> <p>If yes please give details</p>	
<p>B. Has this person been treated within the past two years for any significant health issue (physical or psychological) ? Yes No</p> <p>If yes please give details</p>	
<p>C. Does this person have any allergies? (e.g. Penicillin, Gluten, Dairy, Nut etc)</p> <p>Yes No</p> <p>If yes please give details</p>	
<p>D. If necessary what type of pain / flu relief medication should this person be given?</p>	
<p>E. Does this person have a disability that you feel we should be aware of?</p> <p>Yes No</p> <p>If yes please give details</p>	

F. To the best of your knowledge has this person suffered from, or been in contact with, any contagious or infectious diseases in the last four weeks? Yes No

If yes please give details

G. When did he or she last have a tetanus injection?

Are there any other details you feel the leader should be aware of? Please include fears or phobias as this will assist adult leaders should a difficulty arise. Yes No

If yes please give details

Dietary Requirements

Does this person have any special dietary requirements? Yes No

If yes please give details

Emergency Contact of Parent / Guardian

**First named person:
Name**

Relationship to the young person

Telephone numbers

Mobile	Home
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**Second named person
Name**

Relationship to the young person

Telephone numbers

Mobile	Home
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Family Doctor

Name

Address

Telephone Number

Under 18s Consent Declaration

Having read the supporting information provided:

- I agree to taking part in the Catholic Association Lourdes pilgrimage and to taking part in the activities described.
- I confirm that he/she is in good health and fit to participate.
- I acknowledge the need for him/ her to behave responsibility in line with the code of conduct.
- I am happy with the accommodation arrangements
- I understand that group photographs may be taken during the event in line with the Church's policy. I give my consent to this.
- I am happy for this information to be shared amongst those who will be responsible for this person during the pilgrimage
- In the event of significant past medical history: I am happy for this form to be passed on to the medical team who may need to seek further information from me

In the event of illness or accident every effort will be made by the event leader or assistant to contact me. If for any reason this is not possible:

I hereby consent to the helper named overleaf receiving in addition to routine treatment any emergency medical treatment including surgery and anaesthesia. This will be decided upon by a French Specialist after consultation wherever possible with one of the Catholic Association's Medical Officers.

Below is a French translation of the previous paragraph for the French Doctors.

Par ce document, je donne mon accord pour que l'aide, désigné ci-dessus, reçoive, en plus de son traitement habituel, tout traitement médical d'urgence, comprennent éventuellement intervention chirurgicale et une anesthésie. Ce traitement sera décidé par un spécialiste français, après consultation, quand ce sera possible, par l'un des médecins accrédité par The Catholic Association.

Signed

Parent / Guardian

Name

Date

If you need to give extra information please use a separate sheet

The local Leader responsible is -

John Toryusen Director of Southwark Catholic Youth Service has responsibility for the main pilgrimage group.

Please Return this form to CA Young Helpers, Southwark Catholic Youth Service, St. Vincent's Centre Castle Road, Whitstable, Kent, CT5 2ED or by email jean@scys.org.uk