



PARENTAL CONSENT FORM

Please complete this form using CAPITAL LETTERS. For participants under 18 years of age, this form must be completed and signed by a parent, guardian or other responsible adult (if available)

SECTION A - YOUNG PERSON'S DETAILS

Surname: Forename/s:

Date of birth: Male/Female (delete as appropriate)

Address:

Postcode:

SECTION B - MEDICAL INFORMATION (please circle the correct response).

This information will be treated confidentially and help ensure your child gets the most out of the course.

Does your child suffer from any medical condition?

YES/NO if YES please give details: (Include information about what medication is taken, and who administers it and how)

Does s/he have any allergies, which could affect his/her health or well-being?

YES/NO if YES please give details

Does s/he have any special dietary requirements?

YES/NO if YES please give details

Are there any other medical conditions or issues of which we should be aware of?

YES/NO if YES please give details

Has s/he had a tetanus injection in the last 10 years? YES/NO

SECTION C - FAMILY DOCTOR INFORMATION

Name of Doctor: Practice:

Address:

Postcode: Telephone number:

**SECTION D - PARENT/GUARDIAN/OTHER RESPONSIBLE ADULT CONSENT**

I wish the person named in (section A) overleaf to be allowed to take part in the planned educational visit with Cumbria Outdoors. I understand that this may include Outdoor Adventurous Activities such as rock climbing, abseiling, ghyll scrambling, canoeing, kayaking, sailing, caving, archery, orienteering, mountain activities. I also understand that some activities require my child to be transported by minibus.

I understand that Cumbria Outdoors holds Public Liability Insurance and an AALA License (Adventure Activities Licensing Authority). Our Licence details are as follows: R0035 for Hawse End Centre – R0034 for Fellside

I do/do not (delete as appropriate) give my permission for the content of any imagery taken during my child's visit to be used for non-profitteering promotional purposes on the Cumbria Outdoors website and/or for Cumbria Outdoors promotional purposes.

In the event of an emergency, I give permission for him/her to receive medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

If there are any changes in the medical circumstances described in (Section B) I agree to inform Cumbria Outdoors immediately

I agree to ensure that their will be an adult contact available during the dates of the course and that this person will be contacted in the event of an emergency and that s/he must be available to take charge of the named person in section A if s/he has to return home for any reason.

**SECTION E - CONSENT**

I confirm that I have read and understood the above and will/will not (circle as appropriate) be available at all times, during the dates of the visit, should you need to contact me in an emergency, or if the person named in SECTION A, has to return home.

Parent or Guardian (CAPITAL LETTERS PLEASE)

Name: .....

Signature: ..... Relationship: .....

Telephone no's:

Day: ..... Eve: ..... Mobile: .....

**EMERGENCY CONTACT OTHER THAN THE PARENT OR GUARDIAN**

The Emergency Contact identified below can be contacted at any time in case of an emergency and has the authority to take charge of the person named in SECTION A should s/he have to return home.

(CAPITAL LETTERS PLEASE)

Name: .....

Address:

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..... Postcode: .....

Telephone no's:

Day: ..... Eve: ..... Mobile: .....