

Adventure Programme Medical Information & Consent Form

Child's Name:

Address:

D.O.B.

Medication Details

Does your child suffer from any condition that requires medical treatment, including medication? If yes, please give brief details below:

Please remember it is vitally important that you bring any prescribed medication that you would normally take with you on the visit.

Is your child allergic to any medication? If yes, please give details

Has your child received a Tetanus injection within the last five years?

Yes

No

If for any reason you are unsure please answer NO

Dietary Details

If relevant please tell us about any special dietary requirements (i.e. vegetarian, gluten free, nut allergy, religious restrictions)

Declaration

It is important that you are aware that outdoor activities carry a risk of danger or personal injury to those who get involved. Though the staff of Ardmore will take all reasonable steps to reduce this risk we cannot remove it completely. Therefore, participants in these activities should be aware of and accept the risks and be responsible for their own actions and involvement.

I agree to my child taking part in the Adventure Programme and I will inform the school prior to each trip in the event of any changes to the medical information I have given.

I give my consent to all emergency or other medical, first aid or dental treatments, including examinations, inoculations, general or local anaesthetic, surgery or blood transfusions which, in the opinion of a qualified first aider or medical practitioner, are necessary for the safety and well-being of my son/daughter.

I give my consent for my son/daughter to travel in vehicles as directed by the staff in charge. I acknowledge the need for obedient and responsible behaviour from my child and I understand that if this is not shown my child may be excluded from participating in some or all of the activities.

I am happy for appropriate photographs and film to be taken of my child during the activities and used for Ardmore publicity if required, including web applications.

Signed

Parent / Guardian Date

Print Name

In case of emergencies please contact (next of kin):

If unobtainable, please contact:

Name:

Name:

Home:

Relationship to you / your child (i.e. Grandparent)

Work:

Mobile:

Home:

Mobile: