

Lupine Adventure Co-operative Parental Consent form

Parental consent is requested for (enter event description).....
.....
.....

I agree to(full name) taking part in this activity and have read the information sheet(s) and agree to all activities highlighted as part of the event / course.

I agree to’s participation in the activities described and I acknowledge the need for to behave responsibly and adhere to rules and regulations given by the group leaders.

Medical Information about participant

Are there any conditions requiring medical treatment or medication? Yes / No
If yes please give details.....

Please list any pain relief / flu symptom relief drugs that may be administered by the staff (e.g. paracetamol, ibuprofen.)

To the best of your knowledge, has your son / daughter been in contact with any contagious or infectious diseases in the last four weeks Yes / No

If yes please give brief details

Please note that exposure to infectious disease will not rule out participation, but it is essential information for us to have in the event of the participant becoming unwell.

Is the participant allergic to any medication?..... Yes / No

If yes then please specify

Do you agree to inform Lupine Adventure Co-op as soon as possible of any changes to the medical information given above between now and the end of the programme. Yes / No

Other information that may be useful to us

Please outline any special dietary requirements.....

What is their date of birth.....

Contact Details:

Name of Parent or Legal Guardian

Home Address

.....

.....

Home Telephone number

Mobile telephone number.....

Alternative Telephone number.....

Contact e-mail address

If you WOULD LIKE to be added to our e-mail list then tick this box

Family Doctor

Name Telephone number

Address.....

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Declaration

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of general anaesthetic and / or blood transfusion and to surgical operations in the case of an emergency, as considered necessary by the medical authorities present.

Lupine Adventure Co-operative accepts no responsibility for accidents or injury to participants or for loss of or damage to personal effects, unless caused by the negligence of the Lupine Adventure Co-operative or any member of its staff.

I understand that photographs may be taken by the instructor over the course of the event and I permit these photographs to be used in future advertising and promotion of the co-operative. While this permission can be withdrawn at any time in the event of printed matter having been produced a recall will not be offered but the photograph will not be used in future publicity. Please cross out this paragraph if you do not agree to this clause.

I have received full information and agree to my child’s participation in all outlined activities

Signed.....Dated.....

(to be signed by the legal parent or guardian of the participant)