

# Lupine Adventure Co-operative

## Parental Consent form

Parental consent is requested for (enter event description).....Duke of Edinburgh's Award Expedition training course and expeditions.....

I agree to ..... (full name) taking part in this activity. (If you have any questions about this activity please feel free to contact Lupine Adventure via the details given on our website [www.lupineadventure.co.uk](http://www.lupineadventure.co.uk).)

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.

### Information about Participant

Sex and / or Gender	Male / Female / Other.....
Date of Birth	
Does the participant have any medical conditions, allergies or additional needs which might affect them on expedition or for which they take medication? Please specify.	
Please list any prescription medications taken.	
Please list any over-the-counter medication that may be offered by staff (e.g. ibuprofen, paracetamol, anti-histamines).	
Has your child sustained any leg, back or other injury recently or in the past which could be aggravated by expedition activities or impact participation in expedition activities? Please specify.	
Is there anything else we need to know (include anything relevant to their gender, learning, hiking, camping, dietary requirements or being away from home)?	

Our expeditions are inclusive and can be tailored to meet the vast majority of additional needs but it very important we have a complete picture of your child’s health so we can support a safe experience for them.

**You must update Lupine Adventure on any changes to this information that occur before the end of the programme.**

**Contact Details:**

Name of Parent or Legal Guardian .....

Home Address .....

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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 and video may be taken by the instructor over the course of the event and I permit these items to be used in future advertising and promotion of the co-operative. Please cross out this paragraph if you do not agree to this clause.

Please note that Lyme Disease from ticks is a potential risk in any outdoor activity, urban or rural. If your child develops a rash or flu like symptoms within 3 months of the activity they should visit your GP citing Lyme Disease as a possible cause. More information is available on request or from <https://www.nhs.uk/conditions/lyme-disease/>.

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)

Please visit [www.lupineadventure.co.uk/about-us/data-protection.html](http://www.lupineadventure.co.uk/about-us/data-protection.html) for information on how we use and store this data