

Consent form

This two-page form should be read with the accompanying information/letter about the visit.

All sections must be completed.

Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections.

This information is requested to enable staff to be fully informed and act in the best interest of all participants.



GENERAL INFORMATION

Name of Son/Daughter: _____ Date of Birth: _____

ESCAPE Extreme Sports activity Date(s): Start _____ Finish _____ or Monthly consent please tick

Email address _____ @ _____

MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the Project Manager prior to the activity date.

EMERGENCY CONTACT

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

EV5: PARENT/CARER CONSENT FORM FOR AN EXTERNAL VISIT (cont'd)

DECLARATION

I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations Governing the visit/activity.

I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then he/she may be sent home early from the visit/activity. In such a situation there will be no obligation on the school/establishment to refund any money.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/establishment if I require further details.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter. Please tick here if you do not agree

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials and press releases). Please tick here if you do not agree

I give consent for my child to access new technologies such as the website to be used for future marketing opportunities Please tick here if you do not agree

Having been informed through the details supplied. I consent to my son/daughter taking part in this activity/trip/visit and, This includes consent for him/her to take part in any or all of the activities described.

Full name of parent or carer (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the planned activity.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that the Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the visit/activity.
6. If you wish to discuss any of the contents of this form please contact the Project Manager
info@escapexsports.co.uk
7. Data Protection. *The data collected by establishments from Somerset Local Authority, and Somerset County Council as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council. Data collected is used for registration and monitoring purposes, and emergency contact information.*