

Parental consent form

Participant Name	Age	Date of Birth
<u>Medical and Dietary Information</u>		
Illnesses, disabilities or allergies	Routine medication	
<u>Parent or Guardian Details</u>		
Name		
Home Phone No	Work/Mobile No	
Address		
Alternative Contact Name		
Alternative Contact Number		
E-mail		

By signing this form I:

- consent to my child taking part in supervised adventurous activities with qualified leaders
- undertake that my child will be adequately and safely equipped and clothed for the planned activities, including waterproofs clothing, suitable footwear, sun cream etc.
- accept that my child may not be allowed to take part if the activity leader considers it unsafe and that every effort will be made by the course leader to ensure the safety of my child.
- consent to my child receiving any necessary emergency medical treatment by a suitable qualified person during their participation at Sayers Croft

Signed _____ (Parent/Guardian) Date _____