PEATRIGG
OUTDOOR TRAINING CENTRE

# Consent Form

All sections **must** be completed and the form **signed** by the parent/guardian of the participant unless participant is over 18 years.

**School/Group:** .....

**From:** ..... **Date/time** **To:** ..... **Date/time**

## Personal Information of Participant

**Name:** ..... **Male / Female**

**Date of Birth:** ..... **Age:** .....

**Address:** .....

.....

**Emergency Contact Name:** ..... **Relationship:** .....

**Address:** .....

.....

**Emergency Contact Tel Nos:** .....

## Medical

***Delete as appropriate***

a) Does participant have a medical condition of which we should be aware? **YES / NO**

If YES, please give details: .....

b) Is participant currently receiving medical treatment or medication? **YES / NO**

If YES, please give details: .....

c) Has participant had surgery within the past year? **YES / NO**

If YES, please give details: .....

d) Does the participant suffer from epilepsy? **YES / NO**

If YES, please give details of severity and frequency: .....

e) To the best of your knowledge, has the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES / NO**

If YES, please give details: .....

**GP's Name:** ..... **Tel No:** .....

**Address:** .....

.....

**I will inform the Group Leader/Head Teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the residential.**

PEATRIGG
OUTDOOR ACTIVITY AND DEVELOPMENT TRAINING CENTRE

**Participant Name:** .....

**School/Group:** .....
**Date of Visit**

## Other relevant information

a) Does participant have any allergies? **YES / NO** .....

b) Does participant have any specific dietary requirements? **YES / NO**

If YES, please give details: .....

c) Details of swimming ability: ***Delete as appropriate*** None / Average / Confident

d) Any other relevant information: .....

.....

.....

## Consent

- I agree to ..... *(participant name)* taking part in this residential.
- I agree to the above named's participation in a range of activities. Further information on **www.peatrigg.co.uk**
- I acknowledge the need for the above named to behave responsibly and safely at all times.
- I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Peat Rigg holds Public and Product, and Employer Liability (for £5 million and £10 million respectively). If you wish to hold cover for personal baggage, cancellation etc you should arrange this separately.

**Signed by Participant** ..... **Date:** .....

**Signed by Parent/Guardian** ..... **Date:** .....

**Full name of Parent/Guardian** .....

## Please note

Often during the course of events photographic material is collected of the young people involved in the activities. In order to safeguard young people at risk please tick this box if you do not wish any photographic material of the above named to be used for promotional/advertisement purposes. ☐