

## PARENTAL CONSENT FOR VISIT TO OUTDOOR ADVENTURE, CORNWALL

Dear Parent/Guardian

Please complete and return the form below which relates to the forthcoming visit for which you have already received details. The form gives your consent for your child to take part in this visit/activity.

**SCHOOL, COLLEGE OR CENTRE**  
**St Edmunds Catholic Primary School**

**VISIT TO: Outdoor Adventure, Atlantic Court, Widemouth Bay, Bude, Cornwall,**  
**EX23 ODF**

**FROM: Mon 24<sup>th</sup> September 2018 leaving St Edmund's School 7.00am**

**TO: Fri 28<sup>th</sup> September 2017 leaving Bude 13.00hrs arriving St Edmund's School**  
**approx. 18.30-19.00hrs**

**NAME OF CHILD OR STUDENT:**

**DATE OF BIRTH**

### **SPECIAL DETAILS**

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example, does your child:

- ❖ have any allergies including allergies to medication?
  - ❖ take medication and if so what is the dosage required?
  - ❖ experience travel sickness?
  - ❖ have diabetes, asthma or epilepsy?
  - ❖ heart conditions
- 
- ❖ Has your child been in contact with any contagious/infectious disease or suffered from any illness in the last 4 weeks that may be or become contagious or infectious? If YES give brief details.

**Does your child have any specific dietary requirements?**

**Do you have any additional comments?**

**Swimming ability (for water based activities)**

Is your child able to swim 50 metres? YES / NO

Is your child water confident (they do not have to be able to swim, however they must be comfortable in the water)? YES / NO

- 1 I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.
- 2 I consent to any emergency medical treatment as considered necessary by the medical authorities (including anaesthetic), required by my child during the visit.
- 3 I confirm that my child is in good health and I consider him/her fit to participate and acknowledge the need for obedience and responsible behaviour on his/her part.
- 4 I undertake to inform the co-ordinator/head as soon as possible of any change in the medical circumstances between the date signed and the start of the visit.
- 5 Outdoor Adventure operates with the highest level of health and safety management in place. Our Risk Assessments and procedures are reviewed annually. However, outdoor and adventurous activities will always contain some risk and participants/parents/guardians should be aware of this. Outdoor Adventure LTD, its Directors and staff, will not accept liability for personal injury or loss or damage of property sustained by participants save where this is caused by the negligence of Outdoor Adventure.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TEL NO (HM):** \_\_\_\_\_ **(WK):** \_\_\_\_\_ **(MOB):** \_\_\_\_\_

**IF NOT AVAILABLE AT ABOVE PLEASE CONTACT:**

**NAME:** \_\_\_\_\_ **TEL NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**NAME, ADDRESS AND TEL NO OF FAMILY DOCTOR:** \_\_\_\_\_

\_\_\_\_\_

**APPROXIMATE DATE OF LAST TETANUS INJECTION:** \_\_\_\_\_