

Lupine Adventure Co-operative Parental Consent form

Parental consent is requested for (enter event description).....
.....
.....

I agree to(full name) taking part in this activity and have read the information sheet(s) and agree to all activities highlighted as part of the event / course.

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.

Medical Information about participant

Are there any conditions requiring medical treatment or medication? Yes / No
If yes please give details.....

.....

Please outline any special dietary requirements.....

Please list any pain relief / flu symptom relief drugs that may be administered by the staff (e.g. paracetamol, ibuprofen.)

To the best of you knowledge, has your son / daughter been in contact with any contagious or infectious diseases in the last four weeks..... Yes / No

If yes please give brief details

Please note that exposure to infectious disease will not rule out participation, but it is essential information for us to have in the event of the participant becoming unwell.

Is the participant allergic to any medication?..... Yes / No

If yes then please specify

.....

What is their date of birth.....

I will inform Lupine Adventure Co-op as soon as possible of any changes in the medical condition or exposure to infectious disease between now and the end of the activity.

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

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 may be taken by the instructor over the course of the event and I permit these photographs to be used in future advertising and promotion of the co-operative. While this permission can be withdrawn at any time in the event of printed matter having been produced a recall and shredding will not be offered but the photograph will not be used in future publicity. Please cross out this paragraph if you do not agree to this clause.

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 return to: Lupine Adventure Co-op. 16 Sholebroke Avenue. Leeds. LS7 3HB