PARENTAL AGREEMENT FORM

Legal Name of child …… Known as .....

Date of Birth ……..

Address……
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Parent/Guardian (Mr/Mrs/Ms/Miss),……
Address (if different from above)……

Telephone no. (home) …….. (work) ……

Email .....

Additional Emergency Contact

Name;(Mr/Mrs/Ms/Miss) …… Relationship to child……

Address ……

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Telephone no. …….. (home) ……(work)

Email: .....

Medical Information

Doctor's name ……

Address ……

Telephone no. ……

I give permission for my child to take part in a programme of adventurous activities. I understand that some of these activities will involve heights and water but that my child will be under instruction at all times. I understand that these activities will take place in a range of different locations. – **Yes/No**

I **do/ do not** give permission for my child to have their photograph taken whilst participating in activities and that these photographs maybe used for appropriate public display.

I consent to any emergency treatment necessary during the course of the programme. I authorise the programme leader to sign on my behalf, any written forms of consent required by hospital authorities should surgical operation or serum injection be deemed necessary and provided that delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger the health and safety of my child. – **Yes/No**

I consent to my child (if over the age of 12) being dropped home when a parent/carer is not present in the property **YES/NO**

I will hold responsibility for them to gain safe entrance to the property **YES/NO**

Confidential Medical Questionnaire

Has your child had any of the following?

Asthma or Bronchitis	Yes	No
Heart Condition	Yes	No
Fits, Fainting or Blackout	Yes	No
Diabetes	Yes	No
Allergies to any drugs	Yes	No
Any other allergies, e.g., material, food	Yes	No
Other illness or disability	Yes	No
Travel sickness	Yes	No
Medicine	Yes	No

Is your child receiving medical Or had recent surgical treatment?	Yes	No
Has your child been given specific medical advice to follow in emergencies?	Yes	No

If the answer to is '**YES**' please give details here (including dosage of any medicines / tablets)

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Does your child lack confidence in water? Yes/No

Has your child received vaccination against Tetanus in the last five years? Yes/No

Signed……..

Name ……..

Date……