



CONSENT FORM

To be completed and signed by the parents / legal guardians of all young people under 18yrs old, and all adults participating in activities, or residing at Arthog OEC.

Telford & Wrekin Council is collecting you or your child's personal data to enable you or your child to benefit from the Outdoor Education Service at Arthog Wales, and in case of an emergency to protect vital interests of you or your child. Telford and Wrekin Council will not share any of your or your child's personal data collected with any other external organisation unless required or permitted to do so by law.

For further details please view the Privacy Page on the Council's website; www.telford.gov.uk

Name of Person		Age:		Date of Birth:	
Address:					
	Postcode:				
School Name:		Date of Course:			

EMERGENCY CONTACT DETAILS

1st Emergency Contact Name:		2nd Emergency Contact Name	
Home Phone Number:		Home Phone Number:	
Work Phone Number		Work Phone Number:	
Mobile Phone Number		Mobile Phone Number:	

Doctor's Name:		Doctor's Tel:	
Doctor's Surgery Address:			

Does the attendee have any historical or on-going medical conditions or treatments which may be adversely affected by physical exercise or weight carrying, or any problems with circulatory, respiratory, nervous or skeletal systems?

Please tick YES NO

(If your answer is YES, please provide details, and continue overleaf if necessary)

Does the attendee have any allergies to any medication or food? Please tick YES NO

(If your answer is YES, please provide details, and continue overleaf if necessary)

Does the attendee require a special diet? Please tick YES NO

Some specialised food items may be difficult for us to source so please send them with your child.

(If your answer is YES, please provide details, and continue overleaf if necessary)

Please tick Yes or No to the following;

- | | | |
|---|------------------------------|-----------------------------|
| • Water confident and able to swim 50 metres in a buoyancy aid? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Agree to receive any emergency medical treatment. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Agree to any first aid that may be necessary. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Agree to the administration of antihistamines, and paracetamol as appropriate. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Agree to photographs of the attendee being used anonymously, for promotional information, including website and social media? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |














Please Turn Over

Are there any other relevant physical and/or mental health, social, or behavioural issues that we should know relating to the person above?

(Please provide details, and continue below if necessary)

At Arthog we are committed to ensure that we are meeting your child's needs with regard to Allergen information, to ensure we have the correct information for your child's meal requirements could I please ask you to provide information on any allergies or special dietary requirements

Please tick any food allergies that apply from the list.

 Celery	 Cereals containing gluten	 Crustaceans	 Eggs	 Fish	 Lupin	 Milk
 Mollusc	 Mustard	 Nuts	 Peanuts	 Sesame seeds	 Soya	 Sulphur Dioxide

Required Diet

Vegetarian

Vegan

No red meat

Any other intolerances/allergies/cultural requirements:

Please detail any additional information that may be relevant to your child's residential visit to Arthog OEC.

I confirm that I have received and fully understand the details of the course at Arthog which my child / I will participate in. I agree to participate in the activities and acknowledge that there is an inherent risk in these activities. I accept the need for responsible and obedient behaviour. I accept that in certain circumstances (e.g. weather) the content of the programme may change. I have read and agree with the booking terms described in the letter to parents.

Name of Parent / Legal Guardian
Or Participating Adult:

Signature

RETURN COMPLETED FORM TO COURSE ORGANISER – FORMS TO BE SENT TO ARTHOG 4XWEEKS PRIOR TO START DATE