



Ardroy Outdoor Education Centre

Consent Form/Medical Information

Activity Excursions

TEACHER/LEADER/ADULT MEDICAL INFORMATION

To be completed by all participants **over 16**.

If under 16 please use consent form on page 14 (Please use block capitals)

(To be completed by organising staff)

1. Organisation.....

2. Title of Group.....

3. Activity.....

4. Date(s).....

PERSONAL DETAILS OF THE PARTICIPANT

5. Participant's Full Name.....

6. Date of Birth.....

7. Emergency Contact/Next of Kin Mr/Mrs/Ms.....

Address.....

.....

.....

Tel. Home (STD).....

Tel. Business (STD).....

Mobile No.....

MEDICAL DATA

8. Are you allergic to any medication/substance?..... YES NO

If YES, please indicate allergy.....

.....

Is this allergic reaction-

Minor? (*mild discomfort*) Major? (*risk to health*) Acute (*life threatening/anaphylactic reaction*)

If major or acute please supply more information.

9. Are you currently undertaking medication?..... YES NO

If YES, please detail medication, dosage and frequency if it can be self administered

.....

.....

.....

If not, do you give your agreement for a first aid qualified staff member to administer the medication?, e.g. EpiPen YES NO

MEDICAL DATA CONTINUED

(Please ensure that you draw to the attention of the Group Leader any changes to above medication which will operate on location).

10.Name of Doctor

.....

Surgery Address

.....
.....
.....

Telephone Contact (STD)

.....

15. Acknowledgement/Consent

I acknowledge that there is a degree of risk in all adventurous activities. I understand that the risk of major injury will be kept to an absolute minimum by Ardroy’s experienced and qualified staff.

I consent to participation in the Activity and am medically fit to do so.

I acknowledge receipt of information about the activity and Ardroy’s insurance cover.

I agree to receiving emergency medical/surgical/dental treatment as considered necessary by the medical authorities present.

NAME..... **SIGNED**.....

DATE.....

DISCLOSURE CONFIRMATION (where applicable)

I.....(Head Teacher) confirm that(person attending visit) has undergone disclosure approval.

Signature of Head Teacher..... **Date**.....