



**Ardroy Outdoor Education Centre**  
Consent Form/Medical Information  
Activity Excursions

To be completed by all participants (or parent/carer if participant is **under 16**) and returned to centre/organisation.  
(Please use block capitals).

(To be completed by organising staff)

1. Centre/Organisation i.e. School/Group. ....
2. For the attention of Mr/Mrs/Miss (excursion leader).....
3. Excursion/Activity .....
4. Date(s) from ..... to.....

**PERSONAL DETAILS OF THE PARTICIPANT & EMERGENCY CONTACT**

5. Participant's Full Name .....
6. Date of Birth ..... Current Age.....years.....months
7. Communication during Excursion/Activity (Emergency Contact/Next of Kin)  
Mr/Mrs/Ms..... Relationship to Participant.....  
Address .....
- Tel. Home (STD).....Business (STD).....Mobile.....
- Alternative Contact Mr/Mrs/Ms ..... Relationship to Participant.....  
Address .....
- Tel. Home (STD).....Tel. Work (STD).....Mobile .....

**MEDICAL DATA**

8. Is the participant allergic to any medication or food? 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. Is the Participant currently undertaking medication? YES  NO   
If YES, please detail medication, dosage and frequency.....
- 9a. Will the medication be self administered? YES  NO   
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 ..... Telephone Contact (STD).....  
 Surgery Address .....

<p>11. Has the Participant received a Tetanus injection in the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>12. Is the participant prone to travel sickness (If YES, please ensure you seek to provide medication appropriate to his/her needs.) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>13. Does the participant suffer from any medical or special needs condition which may affect ability to participate in the excursion/activity YES <input type="checkbox"/> NO <input type="checkbox"/>                  If YES, please detail e.g. epilepsy, impairment, dyslexia, sleepwalking, bed wetting etc.                  .....</p> <p>14. Has the participant suffered from any infections/contagious disease within the last 3 months? YES <input type="checkbox"/> NO <input type="checkbox"/>                  If YES, please specify .....</p> <p>(Please advise the Party Leader if you/they catch any infections/contagious disease prior to the commencement of the activity).</p>	<p style="text-align: center;"><b>Do we have your permission to administer the Following?</b></p> <p>1. Sun Cream? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Insect Repellant (Not Containing DEET) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Junior Paracetamol? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>4. Anti Histamine Cream? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>5. Antiseptic Wipes? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>6. Calamine Lotion? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>15. <b>SWIMMING ABILITY (If applicable to the activity being undertaken)</b></p> <p>The participant is/is not able to swim 50 metres (2 lengths of school pool) in deep water unaided.</p> <p>The participant is a non-swimmer <b>(Delete as appropriate)</b></p>	<p>Any Special Dietary requirements?                  e.g. Vegetarian, Allergies, Diabetic:                  .....                  .....</p>

16. Acknowledgement/Consent

I consent to my child’s participation in the excursion and 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 undertake to see that my child will provide the required clothing/equipment and that the appropriate contribution is paid. I have received information on Ardroy’s insurance cover.

To the best of my knowledge my child is medically fit to participate in the activities involved.

I undertake to notify the Centre/Organisation in the event of any relevant changes in fitness which may take place prior to the excursion.

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

Photographs & Video may be taken of participants for use back at school and possibly for marketing (including on the internet). If you have any objections please contact the Centre in writing.

I have explained to my son/daughter the expected standards of behaviour for participation in an excursion and understand that if my son/daughter jeopardises their own safety or the safety of others through inappropriate behaviour, he/she may be removed from the excursion and any additional costs incurred as a result of his/her actions may be recovered from me.

NAME..... (Parent/Carer)

SIGNED..... DATE .....

Parent/Guardian (please delete as appropriate) if the participant is 16 and over they may sign themselves unless the excursion is overseas when the age limit is 18.