



Parental Consent Form

Dear Parent /Guardian,
Please complete and return the form below which relates to the forthcoming course or activity with Haven Banks Outdoor Education Centre
The form gives your consent for your child to take part in this activity or activities.

SCHOOL, COLLEGE OR CENTRE

ACTIVITIES

NAME OF STUDENT OR YOUNG PERSON

AGE & DATE OF BIRTH

SPECIAL DETAILS

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child, have any allergies, take medication and if so what is the dosage required or have diabetes, asthma or epilepsy?

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements?

Do you have any additional comments?

Would you give permission for photographs to be taken of the named young person, which may be used for advertising purposes?

YES / NO (please delete as appropriate)

PARENTAL CONSENT (continued)

Swimming ability (for water based activities)

Is your child able to swim 50 metres? **YES / NO**

Is your child water confident with regard to the proposed activity? YES / NO

1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.

SIGNATURE OF PARENT / GUARDIAN

DATE

ADDRESS

TELEPHONE NUMBER (HOME)

TELEPHONE NUMBER (WORK)

MOBILE NUMBER

NAME OF FAMILY DOCTOR

APPROXIMATE DATE OF LAST TETANUS INJECTION

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