



Parent/Guardian Consent Form (Under 18's)

Oaklands Outdoor Education Centre, Capel Garmon Road, Llanrwst, Conwy, North Wales, LL26 0RB

Please use capital letters

Full name of child: Date of Birth:

School/Organisation:

Dates of visit: From: To:

Medical Information

Please answer the following as completely as possible, use the back of this page if necessary:

Please circle

- Is your child receiving medical treatment / taking any medication? Yes No
 - If yes please give details:
- Does your child have any allergies (e.g. penicillin, sticky plasters, peanuts)? Yes No
 - If yes please give details:
- Is there any other information/disabilities that may affect your child? Yes No
 - If yes please give details:
- Does your child have any special dietary requirements? Yes No
 - If yes please give details:
- Has your child been inoculated against tetanus within the last 10 years? Yes No
- Is your child a confident swimmer (i.e. 25m+ in a swimming pool)? Yes No

Use of digital photos

During activities photos may be taken of your child. These provide a great record of your child's experiences at Oaklands. Periodically the Centre may use appropriate photos for publicity purposes. We follow strict guidelines for photographic use. Our guidelines are available at www.oaklands-centre.co.uk/photos, or on request.

Please circle

- I agree to Oaklands photographing my child Yes No
- I agree to Oaklands using appropriate photographs for various publicity purposes. Yes No

Emergency Contact Details

Your address:	<input type="text"/>	Home:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	Postcode <input type="text"/>	Work:	<input type="text"/>
Alternative Contact Name:	<input type="text"/>	Home:	<input type="text"/>
Relationship to you:	<input type="text"/>	Mobile/Work:	<input type="text"/>
Name of family Doctor:	<input type="text"/>	Tel:	<input type="text"/>
Doctors address:	<input type="text"/>	NHS Number (if known):	<input type="text"/>
	Postcode <input type="text"/>		

Loss or Theft of Personal Property

Neither the Metropolitan Borough of Wirral nor Oaklands Outdoor Education Centre, nor any member of staff, accepts liability for the loss, theft or damage to the personal property of any visitors to the Centre. Visitors should therefore ensure that they have adequate insurance cover.

Declaration:

I give permission for my child (named above) to attend and participate in an outdoor and adventurous activity course provided by Oaklands Outdoor Education Centre. I understand that the Metropolitan Borough of Wirral is insured in respect of its legal liabilities only, and that there is no Personal Accident Cover (Parents/Guardians should arrange their own cover if they consider it necessary).

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Your name:

Signed: Date:

(Parent or Guardian)

Notes to Parent/Guardian of Children attending courses at Oaklands

This information is not meant to alarm you, merely to ensure our staff team is fully prepared in order to provide your child with an enjoyable and worthwhile experience of outdoor activities. Please inform your course organiser if any of the information above changes nearer your course. Thank you for your help.