



# Parent/Guardian Consent Form (Under 18's)

Oakland 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:

Please circle

- Is your child receiving medical treatment / taking any medication? 

Yes	No
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  - If yes please give details: [ ]
- Does your child have any allergies (e.g. penicillin, sticky plasters, peanuts)? 

Yes	No
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  - If yes please give details: [ ]
- Is there any other information/disabilities that may affect your child? 

Yes	No
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  - If yes please give details: [ ]
- Does your child have any special dietary requirements? 

Yes	No
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  - If yes please give details: [ ]
- Has your child been inoculated against tetanus within the last 10 years? 

Yes	No
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- Is your child a confident swimmer (i.e. 25m+ in a swimming pool)? 

Yes	No
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## 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](http://www.oaklands-centre.co.uk/photos), or on request.

Please circle

- I agree to Oaklands photographing my child 

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

Yes	No
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## Emergency Contact Details

Your address:	[ ]	Home:	[ ]
	[ ]	Mobile:	[ ]
	Postcode	Work:	[ ]
Alternative Contact Name:	[ ]	Home:	[ ]
Relationship to you:	[ ]	Mobile/Work:	[ ]
Name of family Doctor:	[ ]	Tel:	[ ]
Doctors address:	[ ]	NHS Number (if known):	[ ]
	Postcode		

## 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 an adventure course at 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. Thank you for your help.