

Parental Consent Form

Participant Details

Participants
Name:

Date of Birth:

Duke of Edinburgh's Award

School:

Year:

Award Level **Gold**

Parental Consent

I am aware of the nature of the programme that my child is about to participate in. I understand that while the staff in charge of the party will take all reasonable care of the children they cannot necessarily be held responsible for any loss damage or injury suffered by my son/ daughter arising from or during the activity. I understand that I can seek more detailed information by contacting Big Strides Consulting Ltd. by phone on 07714094427, or by e-mail at dave@birminghamadventure.co.uk.

I consent to my child taking part in activities organised by the staff in connection with the programme

I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures.

Parent/ Guardian
Signature:

.....

Date:

Photographic consent

I give my permission for photographs to be taken and used for publicity purposes including leaflets, posters and on the website. These will only be used by Big Strides Consulting Ltd. and/ or Duke of Edinburgh's Award. **Please tick box if you DO NOT give permission**

Medical Information

Please provide any information regarding medical conditions that may be relevant
(This information will be treated in confidence)

Does your child suffer from Asthma, Allergies, Diabetes, Epilepsy, Other? **None**

Please provide details

Is your child currently taking any medication? e.g. antibiotics, inhaler **None**

Please provide details

Is there anything else that you could bring to our attention? e.g. travel sickness **None**

Please provide details

Has your son/ daughter had a tetanus injection in the last 10 years **No** **Yes**

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the Medical Authorities present **No** **Yes**

Emergency Contact Information

Home Address: _____

 Post Code: _____

Parent/ Guardian: Name
 Home Tel:
 Mobile:
 Work:

Second Emergency Contact Person Name:
 Phone
 Number: