

Consent Form



IMPORTANT – PLEASE READ

- To ensure all activities are planned, agreed and safe for all, this form must be **FULLY** completed and returned **BEFORE** the day of activity, otherwise **you may not be able to participate**.

- If participant is **under 18 years of age** they will not be allowed to participate in activities unless this form has been **signed by their parent / guardian**.

Please ensure all writing is clear and easy to read

Activity		Date(s) of activity	
Name of Participant			
Address & Postcode			
Date of Birth		Email	
Home Phone		Mobile	
School Name and Year (if applicable)			

Emergency Contact (Parent / Guardian if under 18)

Doctor

Name		
Address		
Postcode		
Telephone		
Mobile		
Email		

Medical Information:

Have you ever had	Yes / No	Details (use separate sheet if necessary)
1. Heart trouble, angina, raised blood pressure?		
2. Asthma, bronchitis, tuberculosis or other lung conditions? (Ensure you bring any inhalers).		
3. Diabetes?		
4. Epilepsy, fainting attacks, migraine, severe head injury?		
5. Allergy to foods (e.g. nuts, dairy produce etc.)?		
6. Other allergic reactions (e.g. bee stings, detergent etc.)?		
7. Nervous illness, depression or other psychiatric condition?		
8. History of broken bones, muscle tears or tendon / ligament damage?		
9. Stomach, digestive, abdominal problems?		

10. Blood disorders?		
11. Bladder, urinary problems?		
12. Severe hearing or visual impairments?		
13. Are you suffering from, or are you a carrier of, any infectious diseases, or have you travelled from an area where you may have been exposed?		
14. Have you been treated by a doctor in hospital within the last two years for anything other than a minor complaint?		
15. Are you taking any medication? (If so, please state the condition being treated, name of medication, dosage details and ensure that you bring enough.)		
16. If female, do you know or suspect that you are pregnant? (If so state at what stage of pregnancy you will be when starting your activity with us.)		
17. Do you have or suffer from, any other diagnosed medical or physical condition or is there anything else you wish us to know about? (Including ADHD, ASD etc.)		
Any other details you wish to make the organisers aware of (medical / confidential / behavioural difficulties etc.):		

Statement of Risk:

The Wiltshire Outdoor Learning Team places safety as a top priority. Adventurous Activities involve some risks for the people taking part, and the team aim to keep these risks as low as possible. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and – less likely – cuts and minor fractures) are a possible result of taking part in Adventurous Activities. The Wiltshire Outdoor Learning Team will minimise the actual dangers by:

- Carrying out a careful assessment of all risks before commencing the activity
- Only using experienced instructors with appropriate qualifications for the activity
- Giving clear safety instructions to everyone participating
- Ensuring equipment and clothing is well-maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply information about any medical conditions and necessary medication
- Ensuring good hygiene standards are kept

We expect participants to co-operate with the Wiltshire Outdoor Learning Team's instructors to ensure the safety of all participants, and answering questions honestly about any medical conditions or other information relating to health and safety.

Images:

I agree that photographs and/or video can be taken of my son / daughter / ward / myself and that they may be used for an end of term celebration video for the student, publicity, marketing purposes or reports.

Signature:.....

Date:.....

Consent:

I agree to my son / daughter / ward / myself taking part in the activities outlined above. I understand that my son / daughter / ward / myself will take part at his / her / my own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge my son / daughter / ward / myself is competent and medically fit to participate in the activities as part of the group. I agree that medical treatment will be given if necessary and in case of emergency. I understand the information on this form may be stored digitally. I understand that a similar activity may be substituted due to safety factors or weather conditions. I agree to let the Wiltshire Outdoor Learning Team know if any of the above details change during the period my son / daughter / ward / myself are on the course.

Name of participant (or parent / guardian if under 18).....

Signature:.....

Date:.....

Please return to the Wiltshire Outdoor Learning Team

Post: 7 Gipsy Lane, Warminster, BA12 9LR
or Email: info@wolt.org.uk