PARENTAL CONSENT FORM

For completion by parent or guardian. Please complete all sections clearly in BLOCK CAPITALS. Return this form to school/group leader. If any details change you must inform the group leader at once. All information will be treated confidentially.

School / Group:.....

Date of Course:.....

Name of Student:.....

Male / Female (delete as applicable)

Give details of medical conditions or medications of which we should be aware:.....
.....
Give details of any special dietary requirement s:.....
.....
Any other relevant information of which we should be aware, eg. bedwetting, sleepwalking, travel sickness, allergies, religious beliefs regarding diet or medical treatment:.....
.....

Can your son/daughter/ward swim 25m? YES / NO (delete as applicable)

Are they confident in water? YES / NO (delete as applicable)

Has your son/daughter/ward received a Tetanus injection within the last 10 years?
YES / NO (delete as applicable)

Adventure activities are physical and demanding sports, which obviously have inherent hazards associated with them. Whilst SAS Outdoors take all necessary precautions to try and ensure the safety of all participants, unfortunately accidents can occur. I understand the necessity of my son/daughter/ward's good behaviour and compliance with the staff of SAS Outdoors at all times during this visit, to ensure their own safety and that of the rest of the group.

I agree that my son/daughter/ward may take part in the above course and participate in the activities run by SAS Outdoors

I agree that medical and dental treatment may be given to my son/daughter/ward if necessary, including First Aid.

Name of Parent/Guardian (block capitals please):.....
Address:.....
.....
Telephone number: Home:.....
Work:.....
Mobile:.....
Alternative Contact Name and Telephone No:.....
(If parent/guardian not available)
Name & Address of Son/Daughter/Ward's Doctor:.....
.....
Signature of Parent/Guardian..... Date:.....

Safe & Sound Outdoors. 2008