

Parental Consent Form

Dear Parent /Guardian,

Please complete and return the form below which relates to the forthcoming course or activity with Haven Banks Outdoor Education Centre.

The form gives your consent for your child to take part in this activity or activities.

Name of student or young person: _____

Age and Date of birth: _____

School, College or Centre: _____

Activities: _____

Special Details:

Any relevant information concerning your child's health requiring special attention but which does not prevent him or her taking part should be noted below. For example does your child, have any allergies, take medication and if so what is the dosage required or have diabetes, asthma or epilepsy?

Has your child had any relevant recent illness?

Does your child have any specific dietary requirements?

Do you have any additional comments?

Would you give permission for photographs to be taken of the named young person, which may be used for advertising purposes?

Yes / No (please delete as appropriate)

Parental consent (continued)

Swimming ability (for water based activities)

Is your child able to swim 50 metres? YES / NO This does not affect the ability to participate.

Is your child water confident with regards to the proposed activity? YES / NO

1. I would like my son/daughter to take part in the above-mentioned visit or activity(s). I am aware the activity/activities have a number of inherent risks and hazards that are beyond the control of Haven Banks OEC and its staff. I agree to personally assume this risk, in the acknowledgement that Haven Banks will take every care within their responsibility to protect the health and safety of my child.
2. I confirm I have read and understood the Acknowledgement of Risk, Responsibility & Liability Statement. www.haven-banks.co.uk/wp-content/uploads/2020/04/Acknowledgement-of-Risk-Responsibility-Liability.pdf. Also available by request.
3. I consent to any emergency medical treatment required by my child during the course of the visit.
4. I confirm that my child is in good health and I consider him/her fit to participate.
5. I confirm that the information given on this form is complete and accurate.

Signature of Parent/Guardian: _____ Date: _____

The personal information collected above will be processed in accordance with our Fair Processing Notice. Details available at www.haven-banks.co.uk/index.php/privacy

Name of Parent: _____

Address: _____

Telephone Number (Home): _____

Mobile Number: _____

Telephone Number (Alternative): _____

Name of family doctor: _____

Approximate date of last tetanus injection: _____