

CONWY COUNTY BOROUGH COUNCIL OUTDOOR EDUCATION CENTRES
Adult Consent Form

School / Organisation _____ Date(s) of Course _____

Name _____ Date of Birth _____

Home Address _____

Emergency Contact Details

Name _____ Relationship _____

Address _____

Telephone No. (Day) _____ (Evening) _____ (Mobile) _____

Medical Information

Do you have any medical / physical / other conditions which the Centre staff should be aware of?

If YES please give brief details

Please give details of any recent or regular medical treatment including medicines, tablets etc.

Name and address of your doctor _____

_____ Telephone No. of surgery _____

Do you have any special dietary needs e.g. vegetarian, nut allergy? If YES please give brief details.

Declaration

Please read and sign below to confirm your understanding and acceptance

- I understand that I will undertake land and water-based Outdoor and Adventurous Activities during my course and declare that I am physically fit to do so.
- In the event of an accident I agree to receive emergency medical treatment, which might include an anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I undertake to inform the Centre as soon as possible of any changes in my medical circumstances that occur in between completing this form and the commencement of the course, including if I have been in contact with any contagious or infectious diseases which could affect myself or other people.
- I understand that Conwy County Borough Council is insured in respect of its legal liabilities, but that I am responsible for organising any additional cover, including personal accident, personal property or course cancellation should I require it.
- I **give / refuse** (please delete as appropriate) my permission for photographs taken during the visit to the Centre to be used as promotional material for the school or the Centre in compliance with the Local Authority guidelines.

SIGNED _____ DATE _____