



Consent Form (Over 18's)

Please use capital letters

Your full name:

Under 25
Please tick

Over 25
Please tick

School/Organisation:

Dates of visit:

From:

To:

Medical Information

Please answer the following as completely as possible:

- Are you receiving medical treatment / taking any medication?

Please circle	
Yes	No

 - If yes please give details:
- Do you have any allergies (e.g. penicillin, sticky plasters, peanuts)?

Yes	No
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 - If yes please give details:
- Any other information/disabilities that may affect your performance during your course?

Yes	No
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 - Please give details:
- Do you have any special dietary requirements?

Yes	No
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 - If yes please give details:
- Have you been inoculated against tetanus within the last 10 years?

Yes	No
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- Are you a confident swimmer (i.e. 25m+ in a swimming pool)?

Yes	No
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Use of digital photos/videos

We would like to take photos/videos of you during activities which provide a fantastic record of your experiences at Oaklands. These will be given to your group leader as a record of your course. Oaklands would also like to retain images for use for publicity purposes, for example on our website www.oaklands-centre.co.uk

- I agree to Oaklands taking photos/videos

Please circle	
Yes	No
- I agree to Oaklands retaining/using appropriate photographs/videos for various publicity purposes

Yes	No
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Emergency Contact Details

Your address:	<input type="text"/>	Home:	<input type="text"/>
	<input type="text"/>	Mobile:	<input type="text"/>
	Postcode <input type="text"/>	Work:	<input type="text"/>
Alternative Contact Name:	<input type="text"/>	Home:	<input type="text"/>
Relationship to you:	<input type="text"/>	Mobile/Work:	<input type="text"/>
Name of your Doctor:	<input type="text"/>	Tel:	<input type="text"/>
Doctors address:	<input type="text"/>	NHS Number (if known):	<input type="text"/>
	Postcode <input type="text"/>		

Loss or Theft of Personal Property

Neither Oaklands Outdoor Education Centre, Edsential, nor staff, accepts liability for the loss, theft or damage to the personal property of any visitors to the Centre. Visitors should consider personal insurance cover.

Declaration:

I agree to attend and participate in an outdoor and adventurous activity course provided by Oaklands Outdoor Education Centre, part of the Edsential group. I understand that Edsential is insured in respect of its legal liabilities only, and that there is no Personal Accident Cover (we'd suggest you arrange your own cover if you feel it's necessary).

I agree to receiving emergency medical treatment, including bloods and anesthetic, as considered necessary (*delete if appropriate*) by the medical authorities present.

Your name:

Signed:

(Parent or Guardian)

Date:

Notes to those attending courses at Oaklands

This information is not meant to alarm you, merely to ensure our staff team is fully prepared in order to provide you with an enjoyable and worthwhile experience at Oaklands. Please inform your course organiser if you have any queries or concerns with the information above, or if any details change before your course. Thank you.