



Parent/Guardian Consent Form (Under 18's)

Oaklands Outdoor Education Centre, Capel Garmon Road, Llanrwst, Conwy, North Wales, LL26 0RB

Please use capital letters

Full name of child: Date of Birth:

School/Organisation:

Dates of visit: From: To:

Medical Information

Please answer the following as completely as possible, use the back of this page if necessary:

	Please circle	
	Yes	No
• Is your child receiving medical treatment / taking any medication?		
▪ If yes please give details: <input type="text"/>		
• Does your child have any allergies (e.g. penicillin, sticky plasters, peanuts)?		
▪ If yes please give details: <input type="text"/>		
• Is there any other information/disabilities that may affect your child?		
▪ If yes please give details: <input type="text"/>		
• Does your child have any special dietary requirements?		
▪ If yes please give details: <input type="text"/>		
• Has your child been inoculated against tetanus within the last 10 years?		
• Is your child a confident swimmer (i.e. 25m+ in a swimming pool)?		

Use of digital photos/videos

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

	Please circle	
	Yes	No
• I agree to Oaklands taking photos/videos of my child		
• I agree to Oaklands retaining/using appropriate photographs/videos for various publicity purposes		

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 family 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 give permission for my child (named above) 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 (Parents/Guardians should arrange their own cover if they consider it necessary).

I understand that the staff accompanying my child will be acting *in loco-parentis* during the course, I agree to my child receiving emergency medical treatment, including bloods and anesthetic, (*delete if appropriate*) as considered necessary by the medical authorities present.

Your name:

Signed: Date:

(Parent or Guardian)

Notes to Parent/Guardian of Children 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 your child 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.