



Individual Consent Form

(In the case of under 18s then this form is to be completed and signed by an adult acting in loco parentis)

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|--|--|---|--|
| Group & Event Name or Job Code: | | | |
| Event Date(s): | | ___ / ___ / _____ (to ___ / ___ / _____) | |
| Attendees Name: | | | |
| Contact Address: | | | |
| Postcode: | | | |
| Attendees mobile No.: | | Attendees email : | |
| Date of Birth: (dd/mm/yyyy) | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Emergency home contact during the event: <i>(required for participants of all ages)</i> | Emergency contact Name: | | |
| | Contact address: | | |
| | Contact number: | | |
| Medical Details: <i>Please provide details of any medical conditions, allergies, medication being taken, disabilities or injuries (present and past)...</i> | <p>Have you ever experienced</p> <input type="checkbox"/> Joint / Muscle pain <input type="checkbox"/> Broken bones <input type="checkbox"/> Back problems <p>Do you suffer from..</p> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hay fever <input type="checkbox"/> Allergies <input type="checkbox"/> Heart conditions <i>If you have ticked any box above, please provide details</i> | Detail of any other medical issues: | |
| Water confidence: | <input type="checkbox"/> Confident Swimmer - Able to swim 200 m + without aid. <input type="checkbox"/> Basic Swimmer - Can swim a pool length (25m) with ease and unassisted. <input type="checkbox"/> Non swimmer - Can swim a pool width (or less) or requires assistance. | | |
| Dietary Needs: <i>(Residential events only)</i> <i>Please provide details of any Dietary requirements or allergies. (Continue on rear of sheet or email additional details)</i> | <p>Do you have any allergies</p> <input type="checkbox"/> Nuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Other = _____ <p>Are you intolerant to any foods?</p> <input type="checkbox"/> Milk (Lactose) <input type="checkbox"/> Wheat (Gluten) <input type="checkbox"/> Other = _____ <i>If you have ticked any box above, please provide details</i> | Detail of any other dietary requirements: | |

Consent Statement

I am aware of the nature of the proposed adventurous activities and understand and accept any risks involved. By signing this form, I give consent for myself / the named person to participate in the activities. I / we understand that such activities require a strict behaviour code and the ability to follow instructions. Should I / my child fail to meet these requirements then I understand that I / they may be removed from the activity without refund.

I agree that any employee of School Camp Ltd leading an activity may perform first aid to the person named on this form and that School Camp employees, in the absence of an adult acting in 'loco parentis', can give permission for the person named on this form to receive emergency medical treatment.

Your data will be processed and protected in connection with our data policy. Information on this can be found on our website.

Photographs may be taken by the company to record your experience. This is especially the case for water sports where we may be the only access to waterproof cameras. Specific photos of individuals (from which they can be clearly identified) will not be used by the company without your consent. Without your express permission, and only if you have participated as part of a youth group, then we will only share specific photos taken with the trip leader. These specific images will be deleted by the company, after which the trip leader will assume responsibility for these images in line with their own data protection policy. Please see of photograph policy on the website for more information.

I have completed this form honestly and to the best of my knowledge. I know of no undisclosed condition that will impede the person named on this form during what can be physical and emotional challenging activities. If the medical circumstances of the person named on this form changes before the activity I agree to inform the company directly. School camp Ltd accepts no liability for further injury or discomfort caused by any undisclosed or disclosed conditions.

Signed : _____ Date : ____ / ____ / ____
(signature) (dd/mm/yyyy)

Printed name : _____

| | | |
|---|------------------------------|--|
| Legal signatories contact details. If signing for an under 18 : | Contact number: | |
| | Email address: | |
| | Relationship to participant: | |

Submitting this form. If completed in advance of the event then this form should be printed, photographed or scanned and emailed to our office.