

CONFIDENTIAL: Participant Information

PARENTAL CONSENT FORM

Please complete this form as accurately as you can and return as requested. If you are unsure of any part contact your child's course leader for help. The information you provide is important to the well-being of your child and will be treated in the strictest confidence. Thank you for your assistance.

| <u>PERSONAL DETAILS OF CHILD</u> | | | |
|---|--|-----------------|--|
| Surname (family name): | | School / Group: | |
| First name: | | Course dates: | |
| Address: | | Year group: | |
| | | Date of Birth: | |
| | | Age: | |
| Postcode: | | Male/Female: | |

| <u>CONTACT INFORMATION</u> | Primary Contact | Alternative contact |
|-----------------------------------|------------------------|----------------------------|
| Name | | |
| Relationship | | |
| Contact No (day) | | |
| Contact No (evening) | | |

| <u>HEALTH & MEDICAL INFORMATION</u> | | |
|--|----------------------|-------------------------------|
| Doctor's Name: | Doctor's Tel Number: | |
| Address: | | |
| Post code: | | |
| Date of most recent tetanus injection if known? | | |
| Please indicate whether your child has any of the following conditions and detail any specific medication or treatment that is prescribed and / or needs to be carried. <i>Please label medication clearly with your child's name</i> | | |
| CONDITION | YES/ NO | Treatment / Medication |
| Asthma | | |
| Allergies (medical or food related) | | |
| Diabetes | | |
| Bed wetting | | |
| Epilepsy | | |
| Travel sickness | | |
| Other | | |

If the answer to any of these questions is yes, or if there is any other relevant information which will enable us to offer extra support and care for your child during the course, please give details here.

***Norovirus or similar:** *if your child is suffering from the norovirus (winter vomiting bug) or similar, or has been in close contact with someone who is, please do not allow your child to travel. If you are not sure please check with your child's course leader.*

DIETARY NEEDS

Does your child have any specific dietary needs? (Please circle)

YES / NO

Please state what these needs are:

SWIMMING ABILITY

Some activities will be on, in or close to water

Can your child swim?

YES / NO

Distance (please circle)

10m 25m 50m or more

DIGITAL IMAGES

During the course digital images will be taken of your child's course and used as a visual record of progress, both during the course itself and back at school/base. Oxfordshire Outdoors may, from time to time, wish to use such images for a range of promotional materials, including use on the web site. If used, the images will not identify individuals or schools by name. We would be very grateful for your consent to use such images.

I have read the above and ***I DO / DO NOT** (*please circle as appropriate) give consent for Oxfordshire Outdoors to take, store and occasionally use images of my child for the purposes described.

DATA

Data provided in this form and other data in relation to your child will be used for the purposes of delivery of the course. It may be transferred to a third party where that third party is to be involved in delivering the course services to allow that third party to provide those services.

PARENTAL CONSENT

- I have read all the information provided to me and agree to my child participating fully in this course. I will inform the School and Centre of any changes to the information on this form.
- I consent to the use and transfer of data as set out above
- I agree to my child receiving emergency medical treatment considered necessary by appropriate medical professionals.

Parental/guardian signature:

Date: