

**CONWY COUNTY BOROUGH COUNCIL PENTRELLYNCYMER OUTDOOR EDUCATION  
CENTRE**

**Pupil / Young Person Consent Form**

Young Person's Name \_\_\_\_\_ School / Organisation \_\_\_\_\_

Date(s) of Course \_\_\_\_\_ Date of Birth \_\_\_\_\_

***Please complete the following details:-***

Address and telephone number where next of kin or other adult with responsibility can be contacted in case of emergency.

Name \_\_\_\_\_ Relationship to young person \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Mobile) \_\_\_\_\_

***Medical Information about the young person***

Are there any medical / physical / behavioural or other needs which the Centre staff should be aware of? If YES please give brief details of the needs and any support required.

Is your child receiving any regular medical treatment? If so please give details of all medicines including dosage

Do you give permission for non-prescription drugs, e.g. paracetamol / Calpol to be given to your child if necessary?  
YES/NO

Name and address of your child's doctor \_\_\_\_\_

\_\_\_\_\_ Telephone No. of surgery \_\_\_\_\_

Does your child 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 my child will undertake land and water-based Outdoor and Adventurous Activities during his/her course and declare he/she is physically fit to do so.
- I understand that the teacher in charge of my child has a duty of care, and may issue suntan lotion and/ or insect repellent if necessary, and in the event of an accident I agree to my child receiving 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 the medical circumstances of my child that occur in between completing this form and the commencement of the course, including if my child is in contact with any contagious or infectious diseases which could affect them 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 costs should I require it for my child.
- I understand that should my child seriously misbehave or is a cause of danger to him/herself or others he/she may be brought home early from the visit/activity. In such a situation I will be responsible for arranging collection of my child from the Centre. There will be no obligation on the Centre to refund any money.
- 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 \_\_\_\_\_

(Parent / legal guardian)