

CONWY COUNTY BOROUGH COUNCIL - NORTH WALES OUTDOOR EDUCATION SERVICE
Adult Consent Form

School / Organisation _____ Date(s) of Course _____

Name _____ Date of Birth _____

Centre: _____

Home Address _____

Emergency Contact Details

Name _____ Relationship _____

Address _____

Telephone No. (Day) _____ (Evening) _____ (Mobile) _____

Medical Information

Do you have any medical / physical / other conditions which the Centre staff should be aware of?
If YES please give brief details

Please give details of any recent or regular medical treatment including medicines, tablets etc.

Name and address of your doctor _____

Telephone No. of surgery _____

Do you 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 I will undertake land and water-based Outdoor and Adventurous Activities during my course and declare that I am physically fit to do so.
- In the event of an accident I agree to receive 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 my medical circumstances that occur in between completing this form and the commencement of the course, including if I have been in contact with any contagious or infectious diseases which could affect myself 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 should I require it.
- I **give** 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.
- I **consent** to the details above being used by NWOES in line with their Privacy Policy for the safe delivery of the Course. The Privacy Policy can be viewed at www.nwoes.co.uk
- If you **do not** give consent to any of the statements above, please cross through the corresponding statement.

SIGNED _____ DATE _____

CYNGOR BWRDEISTREF SIROL CONWY - GWASANAETH ADDYSG AWYR AGORED GOGLEDD CYMRU
Ffurflen Ganiatâd Oedolion

Ysgol / Cymdeithas _____ Dyddiad (au) y Cwrs _____

Enw _____ Dyddiad Geni _____

Canolfan _____

Cyfeiriad Cartref _____

Manylion Cyswllt mewn Argyfwng

Enw _____ Perthynas _____

Cyfeiriad _____

Rhif Ffôn (Dydd) _____ (Nos) _____ (Symudol) _____

Gwybodaeth Feddygol

Oes gennych unrhyw gyflyrau corfforol / feddygol / neu arall y dylai staff y Ganolfan fod yn ymwybodol ohonynt?

Os OES yna rhowch fanylion byr

Rhowch fanylion o unrhyw driniaeth ddiweddar neu reolaidd gan gynnwys meddyginiaethau, tabledi ayb.

Enw a chyfeiriad eich doctor _____

_____ Rhif Ffôn y feddygfa _____

Oes gennych unrhyw anghenion dietegol arbennig e.e. llysfwytäwr, alergedd cnau? Os OES rhowch fanylion byr.

Datganiad

Darllenwch ac arwyddwch isod i gadarnhau eich bod yn deall ac yn derbyn yr amodau

- Rwy'n deall y byddaf yn cymryd rhan mewn Gweithgareddau Awyr Agored ac Anturus ar y tir ac ar y dŵr yn ystod fy nghwrs a rwy'n datgan fy mod yn gorfforol iach i wneud hyn.
- Os digwydd damwain rwy'n cytuno i dderbyn triniaeth feddygol frys, a all gynnwys anesthetig neu drallwysiad gwaed, fel a ystyrir yn angenrheidiol gan yr awdurdodau meddygol sy'n bresennol.
- Rwy'n cytuno i hysbysu'r Ganolfan cyn gynted ag y bo modd o unrhyw newidiadau yn fy amgylchiadau meddygol sy'n digwydd rhwng llenwi'r ffurflen hon a chychwyn y cwrs, gan gynnwys os wyf wedi bod mewn cysylltiad ag unrhyw afiechyd heintus a allai effeithio arnaf i neu bobl eraill.
- Deallaf fod Cyngor Bwrdeistref Sirol Conwy wedi ei yswirio parthed ei atebolrwydd cyfreithiol, ond fy mod i'n gyfrifol am drefnu unrhyw yswiriant ychwanegol, gan gynnwys damwain bersonnol, eiddo personol, neu ganslo cwrs pe bai arnaf ei angen.
- Rwy'n **rhoi** fy nghaniatâd i luniau a dynnydd yn ystod yr ymweliad â'r Ganolfan i gael eu defnyddio fel deunydd hyrwyddol i'r ysgol, neu Ganolfan yn unol â chanllawiau'r Awdurdod Lleol
- Rwy'n rhoi fy nghaniatâd i'r manylion uchod gael eu defnyddio gan NWOES mew cydymffurfiaeth gyda'i Polisi Preifatrwydd ar gyfer darpariaeth ddiogel o'r cwrs. Gellir gwel y Plisi Preifatrwydd ar www.nwoes.co.uk
- Os nad ydych yn rhoi'r caniatâd I un neu fwy o'r datganiadau uchod, rhowch linell trwyddynt.

ARWYDDWYD _____ DYDDIAD _____