

CONWY COUNTY BOROUGH COUNCIL - NORTH WALES OUTDOOR EDUCATION SERVICE
Pupil / Young Person Consent Form

Young Person's Name _____ School / Organisation _____

Date(s) of Course _____ Date of Birth _____

Centre _____

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 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** 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 _____

(Parent / legal guardian)

CYNGOR BWRDEISTREF SIROL CONWY - GWASANAETH ADDYSG AWYR AGORED GOGLEDD CYMRU

Ffurflen Ganiatâd Disgybl/Unigolyn Ifanc

Enw'r unigolyn ifanc _____ Ysgol/Sefydliad _____

Dyddiad (au) y Cwrs _____ Dyddiad Geni _____

Canolfan: _____

Cwblhewch y manylion canlynol:-

Cyfeiriad a rhif ffôn lle gellir cysylltu â'r perthynas agosaf neu oedolyn arall gyda chyfrifoldeb os digwydd argyfwng.

Enw _____ Perthynas a'r unigolyn ifanc _____

Cyfeiriad _____

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

Gwybodaeth Feddygol am yr unigolyn ifanc

A oes unrhyw anghenion meddygol/corfforol/ymddygiad neu arall y dylai staff y Ganolfan fod yn ymwybodol ohono? Os OES, rhowch fanylion cryno o anghenion ac unrhyw gefnogaeth sydd ei angen.

Yw eich plentyn yn derbyn unrhyw driniaeth feddygol reolaidd? Os ydynt rhowch fanylion yr holl feddyginiaethau gan gynnwys y dogn

Ydych yn rhoi caniatâd i gyffuriau heb eu rhagnodi, e.e parasetamol/Calpol gael eu rhoi i'ch plentyn os fydd angen? **YDW / NAC YDW**

Enw a chyfeiriad doctor eich plentyn _____

_____ Rhif Ffôn y feddygfa _____

Oes gan eich plentyn 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 bydd fy mhlentyn yn cymryd rhan mewn Gweithgareddau Awyr Agored ac Anturus ar y tir ac ar y dŵr yn ystod ei g/chwrs a rwy'n datgan ei bod ef/hi yn gorfforol iach i wneud hyn.
- Deallaf fod gan yr athro yng ngofal am fy mhlentyn ddyletswydd gofal, a gallant ddarparu hufen haul neu deunydd cadw pryfed draw pe bae angen, ac os digwydd damwain rwy'n cytuno i fy mhlentyn 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 deall bydd rhaid hysbysu'r Ganolfan mor fuan â phosib o unrhyw newidiadau yn amgylchiadau meddygol fy mhlentyn sy'n digwydd rhwng cwblhau'r ffurflen hon a dechrau'r cwrs, gan gynnwys os bydd fy mhlentyn mewn cysylltiad ag unrhyw salwch heintus a allai effeithio arnynt hwy neu bobl eraill.
- Rwy'n deall bod Cyngor Bwrdeistref Sirol Conwy wedi ei yswirio o ran cyfrifoldebau cyfreithiol ond fy mod yn gyfrifol am drefnu darpariaeth ychwanegol, gan gynnwys damwain bersonol, eiddo personol neu ganslo'r cwrs pe bai ei angen ar gyfer fy mhlentyn.
- Rwy'n deall os bydd fy mhlentyn yn camymddwyn yn ddifrifol neu'n achos perygl iddo/i hun neu eraill gall ef/hi gael eu cludo adref yn gynnwys o'r ymweliad/gweithgaredd. Mewn sefyllfa o'r fath byddaf yn gyfrifol am drefnu i nôl fy mhlentyn o'r Ganolfan. Ni fydd oblygiad ar y Ganolfan roi arian yn ôl.
- Rwy'n rhoi caniatâd i luniau a dynnwyd yn ystod ymweliad â'r Ganolfan i gael eu defnyddio fel deunydd hyrwyddol i'r ysgol neu'r 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'l Polisi Preifatrwydd ar gyfer dapariaeth ddoigol o'r cwrs. Gellir gwel y Polisi 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 _____

(Rhiant/gwarcheidwad cyfreithiol)