



# Consent form

This form must be completed by the parent or guardian of any person under the age of 18 or by the participant if over 18 before they may participate in any activities organised by Dukes Barn.  
All information contained in this form will be treated as confidential

Organisation/School/Group					
Date of visit		From:		To:	
Participants First Name:				Last name:	
Date of Birth		Age		Gender	Male / Female
Address:					
Parent/Guardian name:					
Home ☎		Work ☎		Mobile ☎	
<b>Emergency Contact Details</b>					
Full Name					
Home ☎		Work ☎		Mobile ☎	
<b>MEDICAL</b>					
Below are full details of any illness, medical condition or special need that may affect participation in activities including medication and special dietary requirements. I undertake to inform the group organiser/Dukes Barn as soon as possible of any changes in medical circumstances between the date signed and commencement of the visit. Please send medication in pharmacy labeled containers with name and dosage required.					
Tick if continued overleaf <input type="checkbox"/>					
Doctors Name:				Doctors ☎	
Doctors address:					
<b>Declaration</b>					
I agree to (me)*(my child)* _____ (Name) receiving emergency medical treatment, including anesthetic considered necessary by medical authorities present. I agree to (me)*(my child)*participating in adventurous activities. I understand that although potentially hazardous, an instructor who holds the relevant awards or qualifications will supervise these activities and will maintain a high level of safety throughout the activities. I acknowledge the need for responsible behavior and that the instructor's word is final on all matters of safety.* <b>Delete as applicable</b>					
Signature of Parent/ Guardian or participant if over 18					
<b>PHOTOGRAPHS</b>					
Sometimes, during the course of activities at Dukes Barn, pictures are taken of young people enjoying themselves. These may be used for our own publicity purposes, for example on static displays, website, information leaflets or annual reports. If you have no objection to photographs being used in this way, please let us know by signing below. You can be assured we would never consider making use of a picture, which might cause embarrassment.					
Signature of Parent/ Guardian or participant if over 18					