

On Site Day Course Parental Consent form

This form mus activities organ											they may part ential	ticipate in any	У	
Organisation/S	School/G	roup												
Date of visit														
Participants First Name:							Last name:							
Date of Birth				Age			Gender Mal		le / Female					
Address:														
Parent/Guardi	an name:								-					
Home Tel				Work Tel	EL			Mobile Tel						
Emergency Contact Details														
Full Name									1					
Home Tel	Work				Work Tel				Mobile Tel					
MEDICAL Below are full details of any illness, medical condition or special need that may affect participation in activities including medication 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 labelled containers with name and dosage required.														
Tick if continued overleaf														
Doctors Name:								s Tel						
Doctors address:														
Declaration	Declaration													
Most courses at Dukes Barn include one or more adventurous activities. The Centre's staff have, and fully accept, a duty of care to make those activities as safe as is reasonably practical. They are required to adhere to a comprehensive set of safety rules and there is a quality management system to monitor the fact that rules and procedures are adhered to.														
However, adventurous activities are inherently hazardous and cannot be completely risk free however hard we try. Accidents can happen without any contributory negligence from the Centre or its staff.														
Moreover, the environment at the Centre is such that we cannot "fence off" all hazardous areas. Your son or daughter must therefore help our staff to look after their safety by listening carefully to instructions, by doing what they are asked to do and by not being reckless by trying to do more than they have been briefed to do. Only give your consent if you are confident that they will behave responsibly in this way. The Centre can accept no responsibility for loss of or damage to personal property or for personal injury not arising as a result of its own action or default.														
I understand and accept the above statements. My son or daughter is fit for the course and will inform the Centre before the course of any special medical conditions that might affect my son's or daughter's safety.														
Signature of Parent/ Guardian														
PHOTOGRAPHS 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														