



# Parent/Carer/Young Person Consent Form

## for participation in Water Based Activities

### For Blairvadach Outdoor Education Centre ONLY

PLEASE USE BLACK INK AND BLOCK LETTERS

<b>1</b>	Name of Establishment _____	
	Name of Young Person _____	Date of Birth _____
	From _____ Time _____	To _____ Time _____
<p>If 16 years of age and over. I (name) _____ Date of Birth _____</p> <p>or if under 16 years of age, I agree to my son/daughter (name) _____</p> <p>taking part in the above-mentioned visit and having read the information sheet, agree to his/her/my participation in the water based activities/ programme offered by the Centre as part of its Adventure Activities programme of Outdoor Education.</p> <p>Such activities may include: Kayaking, Canoeing, Dinghy Sailing, Gorge Walking, Burn Scrambling, Coasteering, Ropes Course.</p> <p><b>Understanding</b> - I understand the activities may include the use of specific types of water craft (e.g. kayaks, canoes, sailing dinghies) or a combination of land and water based activities (e.g. rock scrambling up streams/burns).</p> <p>I understand that activities are conducted within the Adventurous Activities Licensing Authority Regulations and the Centres' Policy of Safety Management.</p> <p>I acknowledge the need for obedience and responsible behaviour on his/her/my part.</p>		

<b>2</b>	<b>Medical Information: to be completed by parent/carers</b>	
	a) Does your son/daughter suffer from any condition requiring medical treatment, including medication? <i>If YES, please give brief details</i>	<p style="text-align: center;"><i>Please tick</i></p> <input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____
	b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be/become contagious or infectious? <i>If YES, please give brief details</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____ _____
	c) Is your son/daughter allergic to any medication? <i>If YES, please specify</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO _____ _____
	d) Has your son/daughter received a tetanus injection in the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
	e) Please outline any special dietary requirements of your child.	_____
f) I undertake to inform the group leader/Head of Establishment as soon as possible of any changes in the medical circumstances between the date on which this form is signed and the commencement of the journey/visit/excursion.		

<b>3</b>	<b>Declaration:</b> I agree to my son/daughter receiving medication as instructed and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by phoning the following numbers:	
	Work _____	Home _____
	My home address is _____	
	<b>Please note that legally a young person of 12 years of age or over can consent on their own merits to any medical treatment the refore a young person 12 years of age or over should sign with their parents/carers.</b>	
Name, Address and Phone Number of Family Doctor		
Name _____	Phone Number _____	
Address _____		
Signed with regard agreeing medical treatment 12 years of age and over _____ Date _____		
Signature of parent/carers _____ Date _____		

<b>4</b>	<b>Swimming Ability</b>	
	<ul style="list-style-type: none"> <li>• Is your child able to swim 50 metres? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Is your child confident in the sea or in open inland water? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>	<ul style="list-style-type: none"> <li>• Is your child water confident in a pool? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Is your child safety conscious in water? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> <li>• Is your child unable to swim? <input type="checkbox"/> YES <input type="checkbox"/> NO</li> </ul>
	<b>PLEASE SCORE OUT APPROPRIATELY NUMBER 1 OR 2 BELOW:</b>	
	<ol style="list-style-type: none"> <li>I give permission for _____ (name) to take part in the specific activities/programme provided. I understand that even if my child is unable to swim that I am giving permission for him/her to participate in activities as listed in section one; or</li> <li>I do not wish my child to participate in any water based activities.</li> <li>I consent to any emergency medical treatment required by my child during the course of the visit. If your child is 12 years of age or over they will sign for agreement to medical treatment in Form 4a or 4b.</li> <li>I confirm that my child is in good health and I consider him/her fit to participate in the water based activities/programme.</li> </ol>	
Parent/Carer full name _____ Signed _____ Date _____		
Signed with regard to participating in activity 16 years of age or over _____ Date _____		

THIS FORM OR COPY SHOULD BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT. CONSENT DOES NOT REMOVE THE NEED FOR GROUP LEADERS OR CO-ORDINATORS TO ASCERTAIN FOR THEMSELVES THE LEVEL OF THE YOUNG PERSON'S SWIMMING ABILITY.