



# Blairvadach OEC Consent & Medical Form

## for participation in Activities at Blairvadach Outdoor Education Centre Only

PLEASE USE BLACK INK AND BLOCK LETTERS

|          |  |                             |
|----------|--|-----------------------------|
| <b>1</b> | Name of School / Group                                       |                             |
|          | Name of Participant:   | Date of Birth: dd / mm / yy |
|          | Visit Dates: From: dd / mm / yy Time: To: dd / mm / yy Time: |                             |

|          |  |  |                                  |                          |
|----------|--|--|----------------------------------|--------------------------|
| <b>2</b> | <b>Medical Information: to be completed by parent / guardian</b> |  | Please write<br><b>Yes or No</b> | Give details if required |
|          | a  | Does the participant suffer from any condition requiring medical treatment, including medication? <i>If YES, please give brief details</i>   |                                  |                          |
|          | b  | To the best of your knowledge, has the participant 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> |                                  |                          |
|          | c  | Is the participant allergic to any medication? <i>If YES, please specify</i>   |                                  |                          |
|          | d  | Please outline any special dietary requirements of the participant.  |                                  |                          |
|          | e  | Details of Family Doctor:<br>Doctor Name: Phone No: Medical Practice:  |                                  |                          |

|          |   |
|----------|---|
| <b>3</b> | <b>Safety and statement of risk</b>   |
|          | <p>We have more than 40 years' experience in providing adventurous activities and consider our safety arrangements to be at the forefront of the adventure activity industry. The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them.</p> <p>Participants are never forced to do an activity and if any participant has concerns they should make these known to their instructor. The level of risk associated with Blairvadach Outdoor Educational Adventurous activities is normally very low, and probably no greater than that experienced by active people in everyday life.</p> <p>Activities may include: Kayaking, Canoeing, Dinghy Sailing, Gorge Walking, Scrambling, Ropes Course, Climbing, Hill Walking, Mountain Biking, Orienteering and Environmental studies. Further information can be found online at <a href="http://www.blairvadach.org.uk">www.blairvadach.org.uk</a></p> <p>Activities are conducted within the Adventurous Activities Licensing Authority Regulations and the Centre's and Glasgow City Councils Policy of Safety Management.</p> |

|  |  |   |                                  |
|--|--|---|----------------------------------|
| <b>4</b>   | <b>Declaration: to be completed by parent / guardian</b> |   | Please write<br><b>Yes or No</b> |
|  | a  | 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  | I give permission for the Participant named above to take part in the adventurous outdoor activities (as described in section 3 above) provided by Blairvadach Outdoor Education Centre.  |                                  |
|  | c  | I consent to the participant receiving medication during the course of the visit as detailed above (section 2a).  |                                  |
|  | d  | I consent to the participant receiving any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.                             |                                  |
|  | e  | I understand the extent and limitations of the insurance cover provided (information can be found online at <a href="http://www.blairvadach.org.uk">www.blairvadach.org.uk</a> )  |                                  |
|  | f  | I confirm that the participant named above has not been infected or shown symptoms of Covid-19 within the past 14 days  |                                  |
|  | g  | I confirm that no one in the household of the participant named above has been infected or shown symptoms of Covid-19 within the past 14 days.  |                                  |
|  | h  | I confirm that if the participant named above cannot answer 'yes' to the questions f & g on the first day of the course they will not attend said course.   |                                  |
|  | Name of Parent / Guardian:                               |   | Signed:                          |
| Please note that legally a young person of 12 years of age or over can consent on their own merits to any medical treatment therefore a young person 12 years of age or over should sign with their parents/carers |  |   |                                  |
| Participant aged 12 or over:   |  | Signed:   | Date: dd / mm / yy               |