

SUPERVISING ADULT CONSENT FORM

V.1.10/11



Please return this form at least 4 weeks before the start of your course

School		Course date	
Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth
Address			
		Postcode	
Telephone	Land	Mobile	
School emergency contact name			Telephone
Personal emergency Contact name			Telephone

Medical and dietary information

Doctors name

Practice address and post code

Practice telephone number

Please give information regarding medical conditions, allergies or significant disabilities eg asthma, diabetes, epilepsy, heart conditions or previous relevant injuries:

Details of medication

Dietary requirements Please give brief details of dietary requirements such as vegetarian, vegan, foods not eaten or allergies:

Other information

Are you confident in a swimming pool?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you confidently swim 50 metres?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Photographs

Pendarren House may wish to use photographs or video images for promotional purposes eg on the Pendarren House website or in Centre displays. No individual(s) will be identified by name. Please contact the Centre if you do not agree to the use of any images for this purpose.

Insurance statement

Pendarren House and Haringey Council will be responsible for only their own liability, including neglect attributable to its employees in the course of their duty. Personal accident and cancellation insurance are not provided. It is recommended that participants or their organisation arrange such insurance.

Declaration

I will follow safety instructions from Pendarren House staff and their delegates. I understand that, although Pendarren House minimises risk by the use of highly competent and experienced staff working within strict guidelines, there is an element of risk inherent in all activities which cannot be entirely eliminated. In the event of serious illness or injury during the course, I agree to the disclosure of this medical information and receiving medication and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present

Date Signed