General Consent Form



To be completed for all attendees

	Date of birth:	Age:
Address:		
	Postcode:	
participate in. I agree to participation i there is an inherent risk in these activit accept that in certain circumstances (e.	y understand the details of the course, which my chany or all of the activities described, and acknown ties. I accept the need for responsible and obedient a.g. weather) the plans may change or walk home by ther	vledge that behaviour. I
Print name	Relation to child	
Signed	Date	
Emergency contact telephone no	o – Home	
Work	Mobile	
Doctors Name, Telephone No &	z surgery address	
	cal or ongoing medical conditions or treatmen exercise or weight carrying, or any problems we skeletal systems?	
If your answer is yes, please prov	vide details	
Does the attendee have any allergy	to any medication or food?	Yes / No
Does the attendee have any allergy If your answer is yes, please prov	•	Yes / No
If your answer is yes, please prov	vide details	Yes / No Yes / No
If your answer is yes, please prov *Water confident and able to swim	vide details a wearing a buoyancy aid? emergency medical treatment necessary, inclu	Yes / No
*Water confident and able to swim *Agrees to receive any first aid or administration of antihistamines,	vide details a wearing a buoyancy aid? emergency medical treatment necessary, inclu	Yes / No ading Yes / No
*Water confident and able to swim *Agrees to receive any first aid or administration of antihistamines, *I agree to photographs of the atter	wide details a wearing a buoyancy aid? emergency medical treatment necessary, incluparacetamol as appropriate. Indee being used for promotional information. In other information medical, dietary, social	Yes / No ading Yes / No Yes / No
*Water confident and able to swim *Agrees to receive any first aid or administration of antihistamines, *I agree to photographs of the atter If No please provide details, or a	wide details a wearing a buoyancy aid? emergency medical treatment necessary, incluparacetamol as appropriate. Indee being used for promotional information. In other information medical, dietary, social	Yes / No ading Yes / No Yes / No
*Water confident and able to swim *Agrees to receive any first aid or administration of antihistamines, *I agree to photographs of the atter If No please provide details, or a	wide details a wearing a buoyancy aid? emergency medical treatment necessary, incluparacetamol as appropriate. Indee being used for promotional information. In other information medical, dietary, social	Yes / No ading Yes / No Yes / No

Privacy Statement:

Telford and Wrekin are collecting this personal data to enable you/your child to benefit from their Outdoor Education Service at Arthog Outreach, and in the case of an emergency to protect the vital interests of you/your child.

Telford and Wrekin Council will not share any personal data collected with any other external organisation unless required/permitted to do so by law.

For further details please view the Privacy Page on the Council's website; www.telford.gov.uk