

**OXFORDSHIRE OUTDOORS – Kilvrough Manor, Woodlands, Yenworthy Lodge**

**CONFIDENTIAL: Participant Information for use by School / Centre**

**PARENTAL /GUARDIAN CONSENT FORM**

Please complete this form as accurately as you can and return as requested. If you are unsure of any part contact your child’s course leader for help. The information you provide is important to the well-being of your child and will be treated in the strictest confidence. Thank you for your assistance.

<b><u>PERSONAL DETAILS OF CHILD</u></b>			
Surname:		School / Group:	
First name:		Course dates:	
Address:		Year group:	
		Date of Birth:	<input type="text"/> Age <input type="text"/>
		Male/Female	<input type="text"/>
Postcode:		NHS number	

<b><u>CONTACT INFORMATION</u></b>	<b>Primary Contact</b>	<b>Alternative contact</b>
Name		
Relationship		
Contact No (day)		
Contact No (evening)		

<b><u>HEALTH &amp; MEDICAL INFORMATION</u></b>		
Doctor’s Name:	Doctor’s Tel Number:	
Address:		
Post code:		
Date of most recent tetanus injection if known?		
Please indicate whether your child has any of the following conditions and detail any specific medication or treatment that is prescribed and / or needs to be carried. <b><i>Please label all medication clearly with your child’s name</i></b>		
<b>CONDITION</b>	<b>YES/ NO</b>	<b>Treatment / Medication</b>
Asthma		
Allergies (medical or food related)		
Diabetes		
Bed wetting		
Epilepsy		
Travel sickness		
Other		
If the answer to any of these questions is yes, or if there is <u>any</u> other relevant information which will enable us to offer extra support and care for your child during the course, please provide details		

**\*Norovirus or similar:** *if your child is suffering from the norovirus (winter vomiting bug) or similar, or has been in close contact with someone who is, please **do not allow** your child to travel. If you are not sure please check with your child's course leader BEFORE departure. It may be possible for your child to join the course once the virus has cleared*

**DIETARY NEEDS**

Does your child have any specific dietary needs? (Please circle)

YES / NO

Please state what these needs are:

**SWIMMING ABILITY**

Some activities will be on, in or close to water which will require knowledge of swimming ability

Can your child swim?

YES / NO

Distance (please circle)

10m 25m 50m or more

**ADVENTURE ACTIVITIES** involve a potentially higher level of risk and take place in real and dynamic locations and weathers. Centre staff teams manage this risk and on occasion eg adverse conditions they may put in place an alternative activity.

Participants are required to comply with safety instructions and be responsible for their actions. However parents should understand the occasional graze and bruise, as well as getting wet and cold, will happen.

**DIGITAL IMAGES**

During the course digital images will be taken of your child's course and used as a visual record of progress, both during the course itself and back at school/base. Images are provided to school at the end of the course. Oxfordshire Outdoors may, from time to time, wish to use such images for a range of promotional materials, including use on the web site and social media. If used, the images will not identify individuals by name. Please indicate your consent by circling the relevant statement below:

**I DO / DO NOT** give consent for Oxfordshire Outdoors to take, store and provide school/group with images of my child's course

**I DO / DO NOT** give consent for Oxfordshire Outdoors to take, store and occasionally use images of my child for website and/or social media use

**DATA**

Data provided in this form and other data in relation to your child will only be used for the purposes of delivery of the course. It may be transferred to a third party where that third party is directly involved in delivering the course services and to allow that third party to provide those services.

**PARENTAL/GUARDIAN CONSENT**

- I have read all the information provided to me and agree to my child participating fully in this course. I will inform the School and Centre of any changes to the information on this form.
- I consent to the use and transfer of data as set out above
- I agree to my child receiving emergency medical treatment considered necessary by appropriate medical professionals.

**Parental/guardian signature:**

**Date:**