



P2 Form



**CONSENT FORM 2018-2019**

To be completed and signed by the parents / legal guardians of all young people under 18yrs old, and all adults participating in activities, or residing at Arthog OEC.

Name of Attendee:		Age:		Date of Birth:	
Address:	Postcode:				
School Name:		Date of Course:			
1 <sup>st</sup> Emergency Contact Tel Home:		1 <sup>st</sup> Work Tel:		1 <sup>st</sup> Mobile:	
2 <sup>nd</sup> Emergency Contact Tel Home:		2 <sup>nd</sup> Work Tel:		2 <sup>nd</sup> Mobile:	
Doctor's Name:			Doctor's Tel:		
Doctor's Surgery Address:					

Does the attendee have any historical or on-going medical conditions or treatments which may be adversely affected by physical exercise or weight carrying, or any problems with circulatory, respiratory, nervous or skeletal systems?  
Please tick YES  NO

(If your answer is YES, please provide details, and continue overleaf if necessary)

Does the attendee have any allergies to any medication or food? Please tick YES  NO

(If your answer is YES, please provide details, and continue overleaf if necessary)

Does the attendee require a special diet? Please tick YES  NO

Some specialised food items may be difficult for us to source so please send them with your child.  
(If your answer is YES, please provide details, and continue overleaf if necessary)

**Please tick Yes or No to the following;**

• Water confident and able to swim 50 metres in a buoyancy aid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Agree to receive any emergency medical treatment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Agree to any first aid that may be necessary.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Agree to the administration of antihistamines, and paracetamol as appropriate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
• Agree to photographs of the attendee being used anonymously, for promotional information, including website and social media?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Are there any other relevant medical, dietary, social, mental or behavioural issues that we should know relating to the person above?  
(Please provide details, and continue overleaf if necessary)

I confirm that I have received and fully understand the details of the course at Arthog which my child / I will participate in. I agree to participate in the activities and acknowledge that there is an inherent risk in these activities. I accept the need for responsible and obedient behaviour. I accept that in certain circumstances (e.g. weather) the content of the programme may change. I have read and agree with the booking terms described in the letter to parents.

Name of Parent / Legal Guardian Or Participating Adult:	Signature:
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**PLEASE REMEMBER TO BRING ALL COMPLETED CONSENT FORMS WITH YOU TO ARTHOG**  
Arthog Outdoor Education Centre, Arthog, Gwynedd LL391BX Email: [info@arthog.co.uk](mailto:info@arthog.co.uk) Tel: 01341 250 455

Please detail any additional information that may be relevant to your child's residential visit to Arthog OEC.