

Parental Consent form School Groups

To be completed on behalf of all those under 18 attending activities at Min-y-Don.

Consent forms are required to enable under 18s to take part in activities.

NAME OF CHILD:

DATE OF BIRTH:

NAME OF PARENT:

PARENT CONTACT NUMBER:

NAME OF SCHOOL:

DETAILS OF ANY KNOWN ALLERGIES: (e.g. paracetamol, antibiotics, any particular food or drug)

DETAILS OF ANY MEDICATION CURRENTLY BEING TAKEN:

ANY OTHER RELEVANT INFORMATION YOU FEEL IT MAY BE HELPFUL FOR US TO KNOW ABOUT:

CONSENT

I give my permission for my child to take part in all activities at Min-y-Don Christian Adventure Centre. I understand that these activities will include outdoor and adventurous sports such as: canoeing, rock climbing, trail biking and abseiling.

I give my permission for first aid or medical treatment, including the administration of mild painkillers or ointments, to be administered if those responsible (teachers or Min-y-Don staff) see this to be necessary. I give my permission for my child to receive professional medical or hospital treatment, if necessary, including the administration of painkillers or anaesthetics. I understand that I will be kept informed regarding treatment given to my child.

To the best of my knowledge my child has not been in contact with any infectious/ contagious diseases and is quite fit and able to take part in the activities as mentioned above. To the best of my knowledge I have supplied all details, regarding my child, that I feel it would be helpful, for those in charge of my child on this visit, to know about. I understand that my child's personal details (contact and medical) are held by the school and I will inform them if these details change.

I accept that Min-y-Don cannot be held responsible for the loss of any personal effects (including money) incurred by my child. I understand that Min-y-Don will not take photographs of my child.

I recognise that my child will abide by the rules of Min-Y-Don and that these rules are there purely for my child's safety and the safety of other children. I understand that I may be contacted if such rules are not adhered to.

SIGNED: Person with parental responsibility

DATE: