



## CONSENT AND PERSONAL DETAILS FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Group: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates: \_\_\_\_\_

Emergency Phone Numbers Daytime: \_\_\_\_\_

Night: \_\_\_\_\_

Home Address:

Home Doctors Name & Address:

National Health Service Number: \_\_\_\_\_

Medical Information: *(including relevant recent medical history and current medication details)*

Dietary Requirements: *(if applicable)*

I agree to the above named attending the course provided by Patterdale Hall (Bolton School Services Ltd).

I give my consent for the accompanying staff/group leaders on the trip to arrange for any necessary hospital treatment, first aid or the administration of treatment for minor ailments.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian if under 18)