

CONSENT AND PERSONAL DETAILS FORM

Name: _____ **Date of Birth:** _____ **Age:** _____

Date of stay: _____ **Group/School:** _____

Home Address: _____

Emergency Contact Details 1. – **Name:** _____ **Relationship:** _____

Tel. Numbers: *Home:* _____ *Work:* _____ *Mobile:* _____

Emergency Contact Details 2. – **Name:** _____ **Relationship:** _____

Tel. Numbers: *Home:* _____ *Work:* _____ *Mobile:* _____

Home Doctors Name, Address & Phone Number: _____

National Health Service Number (if known): _____

Medical conditions and allergies that we should be aware of, including any current medication. If more room needed please use the back of this sheet:

Date of last anti tetanus injection: _____

Dietary Requirements (e.g. religious or medical) If more room needed please use the back of this sheet:

To help us enhance the experience, is there anything else we need to know about the participant?

- **I agree to the above named attending the course provided by 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.**
- I agree to photos of myself/my child (delete as applicable) being used for social media and marketing purposes YES / NO (circle as applicable)
- **A copy of this form will be stored securely for legal reasons (for 6 years after the date of your visit (adults) or 6 years after a child's 18th Birthday) at Patterdale Hall, for further reference should the need arise.**

Please notify Patterdale Hall of any changes to this Information.

Signed: _____ Date: _____

Parent/Guardian if under 18)

Print name of signatory: _____