

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):					

<p>Medical conditions and allergies that we should be aware of, including any current medication. If none, please write none. If left blank we will assume none. If more room needed please use additional information box</p>					
Date of last anti tetanus injection					

<p>Dietary Requirements (e.g. religious or medical) If none, please write none. If left blank we will assume none. If more room needed please use additional information box.</p>					

CONSENT AND PERSONAL DETAILS FORM

Swimming Ability

It is not a pre-requisite that you can swim to take part in the water activities as a buoyancy aid will be used. However, it would be helpful to know roughly how competent you are in the water

Please comment below:

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

If none, please write none.

- 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** being used for social media and marketing purposes **YES /NO** (check 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:	
Print name of signatory			

CONSENT AND PERSONAL DETAILS FORM

Additional Information