

## ADULT CONSENT AND PERSONAL DETAILS FORM

As a teacher / visiting leader with a group we have a duty of care, should the need arise, to arrange emergency treatment for you as appropriate.

It is therefore important that we hold a small amount of personal information which will be held in confidence, stored securely and destroyed as appropriate.

Name:		Date of Birth:	
Dates of stay:		Visiting Group:	
Home Address:			

Emergency Contact Details					
Name:		Relationship			
Tel. Numbers:					
Home		Work		Mobile	

Home Doctors Name, Address & Phone Number	
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<p><b>Medical conditions and allergies</b> that we should be aware of, including any current medication.  <b>If none please write none. If left blank we will assume none.</b> If more room needed please use an additional sheet.</p>

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

- I give my consent for Patterdale Hall Staff to arrange for any necessary hospital treatment or first aid.
- I agree to photos of myself being used for social media and marketing purposes **YES**  / **NO**  (check as applicable)
- I give my consent for a copy of this form to be stored securely for legal reasons (for 3 years after the date of your visit ) at Patterdale Hall, for further reference should the need arise.

Please notify Patterdale Hall of any changes to this Information.

Signed:		Date:	
Print name:			