

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