

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>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 an additional sheet.</p>

<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 an additional sheet.</p>

- I give my consent for Patterdale Hall Staff to arrange for any necessary hospital treatment or first aid.
- 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.
- If you **do not** agree to photos of yourself being used for social media and marketing purposes please tick box

Please notify Patterdale Hall of any changes to this Information.

Signed:		Date:	
Print name:			