

CONSENT AND PERSONAL DETAILS FORM

| | | | | | |
|---------------|--|----------------|--|-------|--|
| Name: | | Date of Birth: | | Age: | |
| Date of stay: | | Group/School: | | Form: | |
| 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 on next page.</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 your child 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 they are in the water

Please comment below:

To help us enhance the experience, or to provide any additional information, please use the space below to tell us 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.
- 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.
- If you do not agree to photos of your child being used for social media /marketing purposes please tick box

Please notify Patterdale Hall of any changes to this Information.

| | | | |
|-------------------------------|--|-------|--|
| Signed: | | Date: | |
| Print name of signatory: | | | |
| (Parent/Guardian if under 18) | | | |