

Child Consent / Medical Form (U16's)



Child's Name:	Activity Date:
Address:	Activity:
Postcode:	Group Organiser:
D.O.B:	Organiser Tel:
Gender: M / F	

Emergency Contact Details

Name:	Emergency Contact No's:
Relationship to child:	

Does your child have any medical conditions and/or are they receiving any treatment or medication that we should be made aware of? This should include asthma, allergies, injuries etc. If yes, please provide details:

Can your child swim (if applicable)?	Yes / No	
Does your child have any dietary requirements (if applicable)?	Yes / No	
Please provide your child's height & weight:	H:	W:

Do you consent to Mountain Adventure Lake District taking photographs and video as means of promoting the business through displays, presentations, social media sites and website?	Yes / No
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Understanding & Acceptance of Risk

Whilst we are dedicated to the safety of our clients & endeavour to ensure all activities are operated to a very high standard of safety, there is always an element of unforeseen risk. Anyone allowing their child to take part in an activity operated by Mountain Adventure Lake District does so with this understanding. All activities offered can be physically demanding therefore, your child should be in reasonably good health & physically fit before participating. It is always advisable to seek medical advice if you are unsure about their health.

I confirm that the above details given are true and correct and that my child is fit and able to participate in the activities. I understand that all activities take place in the outdoors where conditions may be wet, slippery and hazardous. I accept that there is an element in unforeseen risk and give consent for my child to take part in the organised activities.

I agree and will ensure that my child understands, as reasonably possible, that it is important for his/her safety, that of their peers and, any rules & regulations given by the staff are strictly adhered to at all times. I understand & agree that should an instructor feel my child is jeopardizing the safety of themselves, and/or others, they will be excluded from the activity without refund.

I consent to any emergency medical treatment necessary to be given to my child by on-site first aiders or qualified medical respondents in the event of an accident.

Signature:	Relationship to Child:
Print:	Date: