Ardroy Outdoor Education Centre

Minor Consent/Medical Form

To be completed by parent/guardian for all participant who are **under 16**, and returned to centre/organisation. Please use block capitals

(To be completed by organising staff)

1. School/Group .....
2. For the attention of Mr/Mrs/Miss (excursion leader).....
3. Excursion/Activity .....
4. Date(s) from ..... to.....

PERSONAL DETAILS OF THE PARTICIPANT & EMERGENCY CONTACT

5. Participant's Full Name .....
6. Date of Birth .....Current Age.....years.....months
7. Emergency Contact/Next of Kin

   Mr/Mrs/Ms..... Relationship to Participant.....

   Address .....

   .....

   Tel. Home..... Work..... Mobile.....

   Alternative Contact Mr/Mrs/Ms .....Relationship to Participant.....

   Address .....

   .....

   Tel. Home ..... Work ..... Mobile .....

MEDICAL DATA

8. Is the participant allergic to any medication or food? YES ☐ NO ☐

   If YES, please indicate allergy .....

   Is this allergic reaction- Minor? *(mild discomfort)* ☐ Major? *(risk to health)* ☐ Acute *(life threatening/anaphylactic reaction)* ☐

   If major or acute please supply more information.

9. Is the Participant currently taking any medication? YES ☐ NO ☐

   If YES, please detail medication, dosage and frequency, and what the medication is for.....

   .....

9a. Will the medication be self administered? YES ☐ NO ☐

   If not, do your give your agreement for a member of staff member to administer the medication?

   YES ☐ NO ☐