



OUTDOOR ACTIVITIES - CONSENT FORM – FOR ALL PARTICIPANTS

Please complete this form in Block Capital Letters

1. PARTICIPANT DETAILS

Name of Participant: _____ Male / Female

Age: _____ Date of Birth: _____

Height: _____ Weight: _____

Address: _____

Tel. No. _____ Email: _____

School: _____

2. DETAILS OF ACTIVITY

Activity: _____ Date(s): _____

3. MEDICAL INFORMATION FOR PARTICIPANT

- Any condition requiring medical treatment/medication? YES/NO
If yes give brief details

- Please give brief details, If any medicines are to be held and administered by leaders:

- Allergic to any medication? YES/NO?
If yes please specify: _____
- Received a tetanus injection in the last 5 years? YES/NO
If yes, please state when _____

4. ADDITIONAL INFORMATION FOR PARTICIPANT

- Any disabilities or Additional Support Needs? If yes, please give brief details:

- Any special requirements that should be considered in regards to participation in a day's outdoor education? If yes please give details:

- Any special dietary requirements? If yes please give brief details

- Swimming ability, please state: _____

A copy of this form must be taken by the leader of the activity.