SHETLAND ISLANDS COUNCIL - SPORT AND LEISURE SERVICE



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.	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:			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 INFO	ORMATION FOR PARTICIPANT		
•	• Any disabilities or Additional Support Needs? If yes, please give brief details:			
•	Any special require	ments that should be considered in regard	ds 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, p	blease state:		

5. EMERGENCY CONTACT		
Name:	Home Tel:	
Address:	Work Tel:	
	Mobile:	
If unavailable please contact:		
Name:	Home Tel:	
Address:	Work Tel:	
	Mobile:	
Doctors Tel:		
6. DECLARATION		
This declaration must be completed by a paren participant if aged 16 or over.	t/carer if the participant is aged under 16 or by the	
☐ Tick here if the participant is aged under 16 a	and complete the following declaration:	
I agree to the participant taking part in any or a	all of the outdoor activities described. Yes / No	
I agree to the participant receiving emergen necessary by the medical authorities present.	ncy treatment, including anaesthetic, as considered Yes / No	
I agree to the participant being photographe these images to be used in promotional mater	ed/ videoed whilst taking part in the activity and for rials. Yes / No	
 I agree to inform the co-ordinator/leader of any changes in the medical circumstances of the participant between the date signed and commencement of the activity. Yes / No 		
	physically demanding and I will ensure that the d is supplied with appropriate food and drinks for the	
☐ Tick here if you are aged 16 or over and read	d the following declaration:	
I agree to participate in any or all of the obedience and responsible behaviour on my participate.	activities described. I acknowledge the need for part. Yes / No	
I agree to receive emergency treatment, incl medical authorities present. Yes / No	luding anaesthetic, as considered necessary by the	
I agree to inform the co-ordinator/leader of any date signed and commencement of the journer	y changes in my medical circumstances between the ey. Yes / No	
Signed:	Date:	
Name: (Please print)		
Relationship to participant (if under 16):		

Shetland Islands Council takes care to protect the health and safety of all participants in the activities. Any injury or damage caused by the acts or omissions of the Council are covered by our Public Liability insurance

Shetland Islands Council is registered as a Data Controller in terms of the Data Protection Act 1998. The information provided by you will be only be used by our Instructors or Leaders on behalf of the Council when [you or] your child is enrolled in our activities programme, and for no other purpose. The information will not be transferred to third parties or used for any other purposes, without your explicit consent.