



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.

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 **parent/carer** if the participant is aged under 16 or by the **participant** if aged 16 or over.

Tick here if the participant is **aged under 16** and complete the following declaration:

- I agree to the participant taking part in any or all of the outdoor activities described. Yes / No
- I agree to the participant receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. Yes / No
- I agree to the participant being photographed/ videoed whilst taking part in the activity and for these images to be used in promotional materials. 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
- I acknowledge that outdoor activities are physically demanding and I will ensure that the participant has had an adequate breakfast and is supplied with appropriate food and drinks for the day, where required. Yes / No

Tick here if you are **aged 16 or over** and read the following declaration:

- I agree to participate in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on my part. Yes / No
- I agree to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present. Yes / No
- I agree to inform the co-ordinator/leader of any changes in my medical circumstances between the date signed and commencement of the journey. 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.