



**Professional Outdoor Education**  
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Licence Number  
L1547/R1028

## Outdoor Education Consent Form

Name of Student ..... Age ..... Date of Birth .....

Home Address of Student/Parent Guardian. ....

.....

..... Post Code .....

### Contact Details ( to help enable 24hr contact of Parent / Guardian during trip)

Home Tel ..... Mob 1 ..... Mob 2 .....

Alternative contact name and address if possible .....

..... Post Code ..... Tel .....

### Medical

If your child suffers from a particular complaint, allergy, is taking any medication or has any medical condition that could possibly have an effect on the activity, please indicate below. This will not compromise any opportunity to take part in the activities.

Tick appropriate box :- My child does not suffer from any of above .....

My child suffers from .....   
 which I have detailed on an attached note.

Name and address of Doctor .....

Please specify any dietary restrictions i.e. no beef / pork / vegetarian etc .....

### Consent Details ( To be signed by parent / guardian )

I have read the attached programme/letter and agree to my child taking part. I consent to any emergency treatment necessary during the course.

If any of the above conditions change during/prior to the course of the activity I will inform appropriate persons.

Signature of Parent / Guardian ..... Date .....

( I am also willing for course photographs of my child to be used for displays and certificates. )

### Student Agreement

I have read and been informed of the course. I agree to follow instructions and safety advice of the staff.

Signature of student ..... Date .....