

Personal Information and Consent Form (Under 18)

Name of group/school _____

Dates _____

Course ref _____

Please complete and return this form to your group organiser.

This form should be completed by the parent (or person with parental responsibility*) of a child or young person under 18. All information will be treated as confidential and only made available to accompanying adults and staff at Derwent Hill who need it in order to ensure safety and wellbeing. Information is held securely in compliance with GDPR legislation and destroyed on completion of the course, unless there are any accidents, in which case information will be held according to our retention schedules. For more information please see our Privacy Policy on our website.

Section A: Contact Details

Participant's Name _____

Date of Birth _____

Name of Parent(s)
(or person(s) with parental responsibility) _____

Address _____

Postcode _____

Home Phone _____

Mobile Phone _____

Alternative contact in an emergency

Name _____

Phone _____

Doctor's Details

Name _____

Address _____

Postcode _____

Phone _____

Section B: Confidential Health Information

Participant's Name _____ Gender(M/F) _____ Age (years) _____

Serious health condition	Yes	No	Medication and dosage
Epilepsy, fainting attacks or blackout	<input type="checkbox"/>	<input type="checkbox"/>	
Heart complaints	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Severe allergies (please state how severe)	<input type="checkbox"/>	<input type="checkbox"/>	
Other health conditions which may have serious consequences	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities (please give additional information below or in Section D)	<input type="checkbox"/>	<input type="checkbox"/>	

All the above conditions should be explained in sufficient detail, please use the space below to provide any further health information on conditions and treatment. If you are concerned that any of the above conditions might prevent or limit this child's participation, please contact their doctor or specialist consultant. Please send two sets of medication, wherever possible, during your visit to Derwent Hill, so that we have a spare set that can be looked after by school staff.

Other health condition	Yes	No	Medication / dosage and details
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Minor allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Information (Please continue on a separate sheet if necessary)

Declaration

Given any medical information described above, I believe this child is in good health and has not recently been in contact with any infectious disease.

Signed _____
 Parent (or person with parental responsibility)

Date _____

Name (Please print) _____



Section C: Consent Form

Name of group/school _____

Participant's Name _____

Date of Birth _____

Photographs

Derwent Hill may wish to use photographs or video images taken of your child for promotional purposes. No individual(s) will be identified by name. Please tick the box if you agree to the use of any images for this purpose. Yes

Insurance

In the event of accident whilst at Derwent Hill, Sunderland City Council will be responsible for its own liability including neglect attributable to its employees in the course of their duty. Participants are not otherwise insured against personal injury. Schools and other establishments, or parents, are advised to take out personal accident and cancellation insurance.

Declaration

I have read the information provided and understand the nature of the proposed course and the insurance liability. I agree to this child attending the course at Derwent Hill. I understand that, although Derwent Hill minimises risk by the use of highly competent and experienced staff working within strict safety guidelines, there is an element of risk inherent in all activities which cannot be entirely eliminated.

I agree to this child taking part in the full programme of activities. This may include activities such as climbing, abseiling, gorge scrambling, canoeing, kayaking, sailing, hill walking and other adventure activities. I understand that during the course he/she will be expected to comply with instructions relating to safety and social welfare, and I have made this clear to him/her. I accept that he/she may be returned home if, in the opinion of the staff concerned, he/she behaves in an unacceptable manner.

In the event of serious illness or injury during the course, I agree to the disclosure of this medical information and to this child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed _____
Parent (or person with parental responsibility)

Date _____

Name (Please print) _____

*Parental responsibility as defined by the 1989 Children Act: Natural mothers, except where the child has been subsequently adopted. Natural fathers if they are married to the child's mother at the time of birth or subsequently, or who have obtained parental responsibility by either a Court Order, a formal agreement lodged at court, or a Residence Order. Adoptive parents. Guardians appointed by will or agreement. All persons holding a residence order.

Section D: Disabilities

Further Information

Please complete this section if this child has significant difficulty with personal care, mobility, communication, coping or any other condition that might affect their participation during the visit. In addition to returning this form, it is vital that the course organiser discusses the child's needs with Derwent Hill well in advance, so that proper arrangements can be made for his/her welfare.

Name of group/school _____

Participant's Name _____

Date of Birth _____

Personal Care Needs	Yes	No	Description	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>		
Periods	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		
Communication	<input type="checkbox"/>	<input type="checkbox"/>		
Mobility	<input type="checkbox"/>	<input type="checkbox"/>		
Nature and degree of disability				
Specialist equipment used / required				
General			Good	Average
Readiness to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping Methods				
Things which help when upset / distressed				
Things which don't help				
Any additional information (Please continue on a separate sheet if necessary)				