



Consent and Medical Form – Copies held by Manor Adventure and School staff only

General Information – please complete in CAPITAL letters

SCHOOL or GROUP: _____

Full Name(s) of participant: _____

Date of Birth: _____

Home address: _____

_____ Postcode: _____

Emergency Contact Name: _____

Relationship to pupil: _____

Tel No:(both required) _____ (day) _____ (eve)

Name & Address of child's doctor: _____

Medical Information

1. Is your child suffering, or have they suffered in the last six months from any allergy? YES/NO
If yes, please give details:

2. Is your child suffering or have they suffered in the last 6 months, from any particular illness or health problems? If yes, please give details: YES/NO

3. Is your child taking any medicine or tablets prescribed by their doctor or otherwise? YES/NO

4. Can your child to be given paracetamol or piriton if required? YES/NO

7. Is your child allergic to any medication? If YES, please give details: YES/NO

8. Does your child require a special diet for medical, religious or other reasons? YES/NO
If YES, please give details:

9. In which year did your child last receive a tetanus injection? _____

10. Please provide any further information:

Swimming Ability

- | | |
|---|--------|
| 1. Is your child able to swim 50 metres or more? | YES/NO |
| 2. Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)? | YES/NO |
| 3. Is your child unable to swim? | YES/NO |

Declaration by parent or guardian

I consent to my child taking part in all activities offered by the Centre and appreciate that the exact programme may need to be amended due to weather or other conditions.

I understand that the Centre will take all reasonable steps to manage the risks associated with adventurous activities, but that this will not necessarily eliminate all associated risks. Due to the nature of the activities to be undertaken, I appreciate the possibility of minor scuffs and bumps occurring.

I consent to my child undergoing emergency first aid, medical or dental treatment, if necessary, during his or her visit to the Centre.

I acknowledge and understand the need, for social and safety reasons, for my child to be well behaved and act in a responsible manner for the duration of the visit.

Signed: _____ Date: _____

Name in CAPITALS: _____

Address (if different to participant): _____

Postcode: _____

Email address: _____

From time to time Manor Adventure would like to keep you informed about news and developments at our centres, please tick below if you would like to receive this information. We will not share your details with any third party and your data will be stored in accordance with the data protection Act 1998.

- Yes, I would like to receive Manor Adventure news and information.
- At Manor Adventure we use photography in most of our marketing and there may be some photo's or videos taken during your child's visit to our centre. If you would prefer us NOT to feature your child in any of our marketing, please tick this box.

THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL

Manor Adventure, Registered Office Culmington Manor, Craven Arms, Shropshire SY7 9BY.
Company No. 2573910 |