



Residential Course Consent Form

Please return this form to:
Paula Watt
White Cottage
Main Street
Morton
Notts
NG25 0UT

Please return your completed form to the school or group organiser

The following information is required to help the participant gain as much benefit as possible from their visit and all information you supply will be regarded as confidential. We would appreciate your support in completing this form as fully as you can. Please circle 'Yes' or 'No' for 'YES / NO' questions.

General Information

Name of Organisation / School _____

Name of participant _____

Dates staying at the centre from _____ to _____

Date of birth of participant _____ Age of participant/ Year group _____

Is the participant male / female _____

Address _____

Email address of parent/carer _____

Are they attending with a parent/carer? YES / NO

Attending parent/carer name _____

How did you find out about Lea Green Centre? (Please tick one option from the below)

At Lea Green Centre	Lea Green Centre website	Lea Green Centre Facebook	
Lea Green Centre Twitter	Lea Green Centre email	Employee email/news	
School/group	Flyer from a school trip	Events listing website	
Derbyshire County Council website	Derbyshire County Council Facebook	Derbyshire County Council Twitter	
Other, please state:			

Would you like to find out about future events through Derbyshire Outdoor Education Service and be added to our mailing list for email updates? (We do not share details with any 3rd parties)

YES / NO



Medical Information

1. Does the participant have any conditions requiring medical treatment, or take any medication regularly? YES / NO
If YES, please specify _____

 2. Please specify the name, route, dosage frequency of any medication the participant needs to be given _____

 3. Please specify the type of pain relief and flu medication the participant may be given if necessary

 4. Please give details of any medical or behavioural issues, or other additional needs the participant has _____

 5. Does the participant have any medical allergies YES / NO
If YES, please specify _____

 6. When did the participant last have a tetanus injection? _____
 7. To the best of your knowledge has the participant been in contact with any contagious or infectious diseases, or have they suffered from anything in the last four weeks that may be contagious or infectious? YES / NO
If YES, please give details _____

 8. Name and address of your family Doctor _____

- Telephone Number _____



Personal Information

1. Does the participant have any special dietary requirements or particular allergies?

YES / NO

If **YES**, please give details

2. Does the participant have any other special requirements or needs, or is there anything else that you think we should know?

Contact Information

Contact Name _____

Tel. Home _____ Work _____ Mob. _____

Alternative emergency contact:

Name _____

Tel. No. _____

Address _____

Please ensure that there is someone available on the contact numbers at all times.

It is very important that you let the organisation, school or Lea Green Centre staff know as soon as possible should any of the above information change.

Please continue to complete the below declaration



Declaration

I agree to the participant to attend a residential course at Lea Green Centre. I have read the supplied 'Parental Information' form in regard to activities and safety and have been made aware of the inherent risk that exists in outdoor adventurous activities; although I understand that these activities will be safely managed. I also agree that the above named person may be fitted for and wear climbing harnesses, chest harnesses and helmets if the Lea Green Centre instructor deems appropriate. I have also been made aware of the need for sensible behaviour by participants.

YES / NO

I understand that there will be periods of time for relaxation and socialising where the above named person may be indirectly supervised.

YES / NO

I understand that it may not be possible with mixed groups of children for members of staff of each sex to be present at all times during the activities, evenings and overnight.

YES / NO

I understand that the activities planned may have to change from the original programme for safety reasons such as weather conditions or the needs of the group.

YES / NO

I agree to the above named person receiving medication as detailed by me, and any emergency dental, medical or surgical treatment, including anaesthesia and / or blood transfusion, as considered necessary by the medical authorities if I am not present.

YES / NO

I give consent for any filming or photographs taken of the above named person during their visit to Lea Green Centre to be used for publicity purposes by Derbyshire Outdoor Education Centre and Derbyshire County Council.

YES / NO

I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is cause by the negligence of the County Council, its employees, agents or subcontractors.

YES / NO

Name _____

Signed _____ Date _____