



Location of Expedition

Starting Date Time

Return Date Time

PARTICIPANT

Young person's surname.....

Young person's forename.....

Home address.....

Telephone Home..... Date of Birth.....

Passport Number (*Overseas trips only*).....

EMERGENCY CONTACTS

Name Relationship

Home address.....

Telephone MobileWorkHome

If not available please contact. Name Relationship

Home address

Telephone MobileWorkHome

HEALTH INFORMATION

Family Doctor Name.....

Address

Telephone

National Health Service Medical card Number

Is your son / daughter allergic to any medication, insect bites, food etc? **YES NO**

If YES please specify:

Does your son / daughter suffer from any condition requiring medical treatment, including medication? **YES NO**

If YES please specify type and dosage, self administered, administered by others.

To the best of your knowledge has your son / daughter during the last four weeks been in contact with, or suffered from, any disease that may be or become contagious or infectious? **YES NO**

If **YES** please specify:

When did your son / daughter have a tetanus injection?

Please outline any special dietary requirements of your son / daughter.

Please list any other relevant information below including existing medical conditions that do not require medication or treatment at the moment.

Is your son / daughter able to swim? **YES NO** (If applicable to this activity)

If **YES** please comment upon your child's swimming ability (distance/awards etc)

Please inform the leader as soon as possible of any changes to the above information and any other circumstances that have altered that may affect the expedition.

I agree to my son / daughter (name).....taking part in the above mentioned expedition and having read the information sheet detailing the programme agree to his / her participating in any or all of the activities described.

I acknowledge that there is an element of risk involved when participating in 'adventurous activities' and that these activities are run by competent leaders.

I do not wish (name) to take part in the following activities (list the activities)

I understand that reasonable care will be taken of my child during the expedition and that he / she will be under an obligation to obey all instructions given by the staff in charge and observe all rules and regulations governing the expedition.

I understand that if my child seriously misbehaves or is the cause of danger to themselves or to others then he / she may be sent home early from the expedition. In such a situation there will be no obligation on the organiser to refund any money, any additional costs incurred may be passed on to the parent/guardian.

I consent to any necessary or emergency medical treatment, including anaesthetic and blood transfusions, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. (See www.DofE.org for further information).

If my child's fitness is in any doubt on the day of the expedition, I will notify the party leader, who will make the final decision as to whether they may participate.

Signed - Legal Parent / Guardian

Print Name **Date**

- We occasionally take photographs that may appear in future displays and promotional materials; these are used sensibly and sensitively.
- **IF YOU AGREE FOR PHOTOGRAPHS, VIDEO, AUDIO OR PROMOTIONAL MATERIALS TO BE TAKEN AND USED SENSIBLY AND SENSITIVELY OF YOUR CHILD, THEN**

YOU MUST SIGN HERE..... **Date**.....