

School/Group:



COBNOR POINT, CHIDHAM, CHICHESTER, WEST SUSSEX, PO18 8TE.
Tel: 01243 572791 Email: sail@cobnor.com
www.cobnor.com
Centre Manager: Gary Palmer.

PARENTS CONSENT FORM

I wish my son/daughter

Date of Birth AGE at start of course Ethnicity

To be allowed to take part in adventurous outdoor activities at, and away from the centre

From (Date/Time) To (Date/Time)

Course Code Course Title

And, having read the Booking Terms & Conditions and Course Programme (If applicable), agree to his /her taking part in any or all of the activities.

I have ensured that my child understands that it is important for his/her safety and for the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that:

- a) My son/daughter should be water confident to partake in water based activities.
b) While the Centre staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered to my son/daughter arising during or out of the activity.

Please delete and complete the following as is appropriate.

My child has: No illness, allergy, physical or mental impairment disability.

The following illness, physical or mental impairment disability (please detail below)

Which necessitates the following medical treatment

I consent to any emergency medical treatment necessary during the course of the visit.

Signed (Parent/Guardian). Date

Table with 5 columns: Home Details, Mums Work, Dads Work, Emergency Contact, and a row for Relationship with arrows.

MEDICAL QUESTIONNAIRE

Name and Address of Family Doctor

Telephone number

Has your child had any of the following?

Table with 3 columns: Condition (Asthma, Heart Condition, etc.), YES, NO

If the answer to any of these questions is YES please give details on a separate sheet of paper, which should be firmly attached to this form.

Is your child receiving medical treatment of any kind from either your Family Doctor or Hospital? YES NO

Has your child been given specific medical advice to follow in Emergencies? YES NO

If the answer is YES to either of these questions please give details below (Including dosage of medication)

IMMUNISATION STATUS

Has your child received vaccination against Tetanus in the last 10 years? YES NO

For residential trips, please state any special dietary requirements.

PRINTED NAME: SIGNED (Parent / Guardian) DATE

Please note photographs may be taken during these sessions and used for publicity. If you have any objections please inform the Centre Manager in writing.

Updated January 2014