

HEALTH & SAFETY FORM - OUTDOOR LEARNING



A parent/legal guardian must complete a separate form for each child to be brought on the day. All parts of the form must be completed. Please do not leave blank areas; write 'None' for those that do not apply.

Child's Name: Childs DOB:

(Please remember attendees MUST be aged 8 or over)

Parent/Guardian Telephone Contact Details:

Home:

Mobile:

Work:

Emergency Contact Details:

Name:

Telephone:

Relationship to child:

Illnesses/Allergies:

.....

Prescribed medication being taken:

Medication that will/may need to be administered by Painshill staff and which has been discussed with the Painshill Education Team:

.....

Dietary Conditions/Restrictions:

.....

.....

Special Needs/Anything else Painshill Staff need to be aware of:

.....

If your child sustains an injury which we feel is, or could become, serious we will summon further medical advice and contact you/your emergency contact. If we are unable to make contact with you, do you give permission for emergency medical/dental treatment (including a general anaesthetic) to be administered to your child upon the advice of medical professionals. YES/NO

It is sometimes necessary to administer sticking plasters to children during the course of outdoor activities. Do you give permission for your child to have sticking plasters applied? YES/NO

We may take photographs during our activities to help promote Painshill. Do you give permission for your child to be photographed and for any reproductions or adaptations of the photograph(s) to be used for all general purposes in relation to Painshill Park Trust Ltd work including, without limitation, the right to use them in any publicity materials, books, newspapers and magazine articles whenever Painshill Park Trust Ltd chooses to do so? YES/NO

SIGNED: PRINT NAME:

RELATIONSHIP TO CHILD:

DATE: