

Llain, Llanarth
Ceredigion
SA47 0PZ



Tel: 07977 543396
adventure@activity.cymru
www.llain.com

PARENTAL/GUARDIAN CONSENT FORM

SCHOOL:		Date of arrival:	
PARTICIPANT DETAILS			
Full Name of pupil		DoB	
Medical Information; Conditions, medicines/tablets and allergies. Delete answers as appropriate and elaborate any YES answers on the back of this sheet. Thank you.			
1. Does the pupil suffer from any illness or health problem?			Yes / No
2. Is the pupil on any medication? (please also discuss with party leader)			Yes / No
3. Does the pupil suffer from any allergies or food intolerances?			Yes / No
4. What is the date of the last Tetanus injection (if known)			
Do you have Doctor's approval for attendance if there are medical consideration?			Yes / No / N/A
Are you happy for your child to appear in any photos we may take during activities which may appear on social media marketing?			
Surgery Address			
CONTACT DETAILS			
Emergency contact and relationship			
Mobile contact Number			
PARENTAL CONSENT			
<ul style="list-style-type: none"> • Participation in adventurous activities entails some risk of injury. Llain staff are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risks of injury. However, participants accept that accidents and injury may occur. • I confirm that my child is in good health and I consider him/her capable of taking part in activities. • I hereby agree that Llain First Aiders may administer emergency first aid until professional assistance is sought. • I accept that my child is subject to Llain rules and discipline and that instructions must be adhered to at all time for the safety and enjoyment of all concerned. • Llain is not responsible for any loss or damage to personal property. • All information will be treated in the strictest confidence and this form destroyed on the last day of the visit. 			
Signed		Parent/Guardian	Date