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| Dyce Academy Sponsored Walk consent form V4 |
| **VISIT TO** | Sponsored walk from Dyce Academy to Udny Station to Newmachar | **DATE** | 17/09/2014 |
| LEADER | L Adam |
|  |
| **VISIT MEMBER** |  | **AGE & D.O.B.** |  |
| Address |  |
| Parent / Carer name (if applicable) |  |
|  |
| **EMERGENCY CONTACT INFORMATION** |
| First option - Name |  | Tel (home) |  |
| Address |  | Tel (mobile) |  |
| Second option - Name |  | Tel (home) |  |
| Address |  | Tel (mobile) |  |
|  |
| **SWIMMING – For water based activities and swimming pools N/A** |
| Can the above named person swim YES [ ]  NO [ ]  If yes, how far do you think they can swim ……metres. If they can not swim would they be confident in water with an approved buoyancy aid or life jacket YES [ ]  NO [ ]  **N/A** |
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| **MEDICAL – Please give full and accurate information** |
| Doctors name |  | Practice |  | Tel |  |
| Recent medical issues / illnesses / surgery |  |
| Has your child / ward been in close contact with any contagious diseases? |
| If yes please give details |
|  |
| Any infections in the last 4 weeks |  |
| Any current course of medication |  |
| Any restrictions you would wish to place on emergency treatment: |
| I authorise all medical and surgical treatment, including X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/carer can be reached in the case of an emergency. |
| Parent / Carer’s signature |  | Date |  |
|  |
| **PHOTOGRAPHY** |
| Please tick the box If you do not consent to photographs being taken of your child / ward that could be used to promote activities in the Establishment / Council. [ ]  |
|  |
| CONSENT |
| I, being over 18yrs of age or having parental rights and responsibilities towards the above named person understand the nature of the visit / activities and agree to them taking part and that they are fit and able to do so. **By signing this form I agree to Aberdeen City Council’s terms and conditions which can be found at www.aberdeencity.gov.uk/adventureaberdeen and also understand that it is my responsibility to inform the visit leader of any significant changes to the information I have provided about the person named in this form between now and the visit taking place.** |
| Name (Block Capitals) |  | Signature |  | Date |  |
| Name (Counter signature for young persons 16 – 18) |  | Signature |  | Date |  |