

# Bowles Consent Form - Under 18's

**Booking ref:**

(open courses/ private lessons only)

Name of Child:	Address:
Date of Birth:	
Group/Course:	

	Primary Contact	Alternative contact
Name		
Relationship		
Contact numbers		
Email address		

## MEDICAL & DIETARY INFORMATION

Does your child have:	Y/N	Details/Notes/Medication
Dietary requirements eg veggie/halal		
Dietary allergies/ Epipen carried?		
Hay fever or other allergy		
Asthma		
Diabetes		
Epilepsy/Fainting/Migraine		
ADHD/Autism/Asperger's/Dyspraxia		
Current tetanus injection		
Current medication		
Any other medical condition, further details or relevant information		

**Photos:** Bowles uses photos/video for publicity, educational purposes and to feed back to funders. Please tick the box to give us permission to take photos of your child (and let them know). ☐

### Declarations:

- I give my informed consent for my child to take part in an outdoor activity course at Bowles.
- I understand that Bowles is an Outdoor Centre which offers a range of outdoor and adventurous activities which can never be entirely risk free.
- I give permission for any medical treatment deemed necessary to ensure my child's wellbeing.
- The information I have provided is correct and I have not withheld anything.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Privacy Notice: This consent form will be kept securely and will be destroyed after 1 year, unless a participant has an accident or incident in which case the form will be destroyed after 3 years for adults and when they are 21 for children.