



PARENTAL CONSENT FORM

Name of Participant.....Date of Birth:.....

Home Address

Telephone Contact Number(s) -

Phone No. HomeWorkOther.....

EMERGENCY CONTACT

Name.....

Address.....

Phone No. Home.....WorkOther.....

In the event of an emergency it is important that the person in charge of the group has the necessary information about any medical condition which could affect your treatment. All information requested will be treated in strict confidence. It is in your own interests that full and accurate information be given.

(a) Recent surgery for Date

(b) Any known allergy to food / medicine (e.g.peanuts, penicillin)

(c) Details of ongoing medical conditions eg asthma, epilepsy, etc and any medication taken:.....

.....
(d) Name, address and telephone number of family Doctor

Declaration

In the case of an emergency, I consent to my receiving whatever medical treatment is deemed appropriate to my condition, including, where necessary, the administration of a local, general or other anaesthetic

Signed.....Date.....

Insurance Information

Aberdeenshire Council do not provide cover for personal accident, illness, loss or damage incurred by participants. Further, the Council's Third Party liability policy will not necessarily indemnify participants in the event of a Third Party being injured solely due to the negligence of the participants. The Council's Third Party liability policy, will however meet claims from Third Parties arising from the negligence of the Council or its employees. Participants wishing to obtain cover for personal accident and Third Party liability are advised to contact an insurance company or broker.

Name (block capitals).....Parent/Guardian

SignatureDate

We may use photos/video of the event for publicity or evaluation purposes. Please indicate whether you are agreeable to this.

I do/do not consent to photos/video being taken. Signature.....Date.....

