

# SHETLAND ISLANDS COUNCIL

## SPORT AND LEISURE SERVICE



### OUTDOOR ACTIVITIES - CONSENT FORM – FOR ALL PARTICIPANTS

*Please complete this form in Block Capital Letters*

#### 1. PARTICIPANT DETAILS

Name of Participant: \_\_\_\_\_ M/F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

#### 2. DETAILS OF ACTIVITY

Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

#### 3. MEDICAL INFORMATION

- Do you suffer from any condition requiring medical treatment/medication? YES/NO  
If yes give brief details

\_\_\_\_\_

- If you require that medicines be held and administered by leaders, please give brief details:

\_\_\_\_\_

- Are you allergic to any medication? YES/NO? If yes please specify: \_\_\_\_\_

- Have you received a tetanus injection in the last 5 years? YES/NO

If yes, please state when \_\_\_\_\_

#### 4. ADDITIONAL INFORMATION

- Do you have any disabilities or Additional Support Needs? If yes, please give brief details

\_\_\_\_\_

\_\_\_\_\_

- Do you have any special dietary requirements? If yes please give brief details

\_\_\_\_\_

\_\_\_\_\_

- Swimming ability, please state: \_\_\_\_\_

\_\_\_\_\_

## 5. EMERGENCY CONTACT

Name: \_\_\_\_\_

Daytime Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_

If not available please contact:

Name: \_\_\_\_\_

Daytime Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Doctor Tel: \_\_\_\_\_

## 6. DECLARATION

This declaration must be completed by a parent/guardian (if the participant is aged under 16) or by the participant (if aged 16 or over).

Tick here if the participant is **aged under 16** and read the following declaration:

- I agree to my son/daughter's participation in any or all of the outdoor activities described. I acknowledge the need for obedience and responsible behaviour.
- I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I undertake to inform the co-ordinator/leader of any changes in the medical circumstances between the date signed and commencement of the journey.

Tick here if you are **aged 16 or over** and read the following declaration:

- I agree to participate in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on my part.
- I agree to receive emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I undertake to inform the co-ordinator/leader of any changes in my medical circumstances between the date signed and commencement of the journey.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please print)

Relationship to participant (if under 16): \_\_\_\_\_

*Shetland Islands Council takes care to protect the health and safety of all participants in the activities. Any injury or damage caused by the acts or omissions of the Council are covered by our Public Liability insurance*

**A copy of this form must be taken by the leader of the activity.**