



**Shetlands Islands Council –Sport and Leisure Services**  
**Summer Activities**  
**Consent Form**

**1. Participants Details**

Name of Participant \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M/F

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

Tel. No. \_\_\_\_\_

**2. 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:

\_\_\_\_\_  
\_\_\_\_\_

- Have you been in contact with any infectious diseases in the last 4 weeks? YES/NO: If yes give 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

### 3. Emergency Contact:

Name \_\_\_\_\_

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

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

\_\_\_\_\_

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

If not available please contact:

Name \_\_\_\_\_

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

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

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

### 4. Declaration

- If aged under 16 years this declaration must be completed by a parent or guardian. Those aged 16 years and over can complete the declaration themselves.
- I agree to my son/daughter taking part in this project and having read the information sheet, agree to participation in any or all of the 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-coordinator/leader of any changes in the medical circumstances between the date signed and commencement of the journey.
- I understand the extent and limitation of the insurance cover period.
- In the case of water sports, I am able to swim at least 50 metres.

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

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

Name: Please Print \_\_\_\_\_  
parent/guardian/participant.

A copy must be taken by the leader of the activity.

A copy must be left with contact person/organisation.