



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

*For Outdoor Activities you will require a more detailed consent form, available upon request.*

**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.

 The Shetland Islands Council is registered as a Data Controller in terms of the Data Protection Act 1998. The information provided by you will be only be used by our Instructors or Leaders on behalf of the Council when [you or] your child is enrolled in our activities programme, and for no other purpose. The information will not be transferred to third parties or used for any other purposes, without your explicit consent.