

Black Rock Outdoors Ltd

Parental Consent Form

Dear Parent or Guardian

Please complete and return this form which relates to the forthcoming activity or course with Black Rock Outdoors Ltd. This gives your consent for your child to participate in such activities.

School, College or Group

Activities

Name of student

Date of Birth

Special details

Please note any relevant information concerning your child's health that requires special attention but does not prevent him or her participating. For example, any allergies or medical conditions and any medication taken.

Has your child had a relevant and recent illness?

Do you have any further comments?

Would you give permission for photographs to be taken which could be used for advertising purposes? Yes / No (Please delete as appropriate)

If your child able to swim 50 metres? Yes / No
Is he or she 'water confident'? Yes / No

1. I would like my son / daughter to take part in the listed activities and agree to his or her participation.
2. I consent to any emergency medical treatment required by my child during the visit.
3. I confirm that my child is in good health and consider him, or her, fit to participate.

Signature of parent or guardian.

Date.

Address

Telephone number at home

Telephone number at work

Mobile number

Name of Family Doctor

Approximate date of last tetanus injection

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