

Confidential when completed

# The Wilderness Company Risk and Medical Consent Form

(Under 18 years of age)



Name of Child:	School / Group Name:
Age:	Date of Birth:
Home Address:	Post code:
Contact Number:	Email Address:
Emergency contact name:	Emergency contact number:

## Health and Medical Information:

Individuals participating in outdoor activities are putting themselves into a situation where trained and responsible adults may have to make decisions of care on their behalf. By participating in outdoor activities, participants may experience environments and conditions where prior knowledge of details of health may prove vital in ensuring the full safety of the participants. For these reasons, we would like to have details of any medical conditions or health issues that may affect involvement in the activity. Please detail any medical conditions or illnesses for which you have been under the care of a health professional, or are taking medication, in the past 6 months.

**Does your child suffer from any of the following conditions?** (Cross out the YES or NO which does not apply)

Asthma	yes/no	Bronchitis	yes/no	Tuberculosis	yes/no
Epilepsy	yes/no	Fainting	yes/no	Chest Problems	yes/no
Diabetes	yes/no	Migraines	yes/no	Raised Blood Pressure	yes/no
Heart Trouble	yes/no				

If YES to any of the above, please provide details:

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**Does your child suffer from any other condition requiring medical treatment, including medication?**

Yes/No

If YES, please provide details:

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**Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?**

Yes/No

If YES, please provide details:

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**Has your child been immunised against the following diseases?**

Poliomyelitis (polio)    Yes/No            Tetanus (lock jaw)    Yes/No

If YES to tetanus, please give approximate date if known:

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**Is your child taking any form of medication on a regular basis?**

Yes/No

If YES, please give full details, indicating the type of medication and dosage

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Please ensure that your child has adequate supplies of medication and dosage.

**To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious?**

Yes/No

If YES, please give full details:

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**Does your child have any specific dietary requirements?**

(including allergies, intolerances etc)

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.....

Your child's Doctors Name	Your child's Doctors Contact Number
Your child's Doctors Surgery and address:	

**Acknowledgement of Risk:**

Please read the following carefully, once you have read it please indicate your agreement by signing below

**Statement of Risk:**

Outdoor and adventurous activities often involve learning new skills in unfamiliar environments. With this in mind the activities have an element of risk, which includes a danger of personal injury or death. Participants and/or their parents/guardians undertaking these activities should be aware of and accept these risks and be responsible for their own actions. The Wilderness Company ensures that it's range of safety management systems are inspected regularly by external National Governing Bodies, including the Adventure Activities Licencing Authority, and an external technical advisor. The Wilderness Company reserves the right to cancel or modify any activity if it believes there to be unacceptable risk attached in offering such an activity. The Wilderness Company's decision making is at its sole discretion.

I understand that my child is taking part in activities provided by The Wilderness Company at their own risk and understand that The Wilderness Company are not able to eliminate all risks from the activities. I accept that The Wilderness Company will not accept any liability for any damage to or loss of property belonging to my child, except in the case of death or personal injury caused by the negligence of The Wilderness Company staff.

**Data Protection:**

Your personal details will be stored and used by The Wilderness Company to send you important information on matters relating to your booking. Your child's information will NOT be shared with other organisations or used for any other purpose without your consent.

I (name in block capitals)\_\_\_\_\_ hereby give my permission for my child/ward (named above) to participate in adventure activities provided by The Wilderness Company. I have read and understood the Acknowledgement of Risk and have completed the Medical Information section.

I also agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. The medical information given in this form will not be retained beyond the completion of your child's visit to The Wilderness Company.

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