

# Parental & Medical Consent

## EAST COAST OUTDOORS CIC

**Completion and return of this form will secure a place on a DofE Expedition run by East Coast Outdoors CIC, as well as acting as parental and medical consent.**

This confidential form will accompany your child on the DofE Expedition run by East Coast Outdoors CIC. This information is necessary should we need to contact you while your child is in our care during the expedition. No participant will be allowed to take part without this form being completed and signed by the parent or guardian.

Full name of Participant:

Date of Birth:

Age when the expedition takes place:

edofe number (this is your DofE registration number) so an assessor report can be provided:

**Does your child have a care plan on file at school?**

NO  YES

### **PARENT/GUARDIAN INFORMATION – THIS WILL BE USED IN THE CASE OF AN EMERGENCY.**

Parent/Guardian Name:

Your relationship to the participant?

Email:

Mobile Number:

**Please provide the information requested below, as it may be needed in case of an emergency. Please make sure to provide us with the most up to date and accurate information so our Expedition Manager and team leaders are aware of anything which may arise. It is the responsibility of the parent/guardian to inform East Coast Outdoors of any changes relating to health issues before the expedition takes place.**

Name of Doctor:

Phone number of the registered surgery:

Conditions requiring special consideration – this can be medical, physical or a mental health related:

Please provide full details of any medication being taken. Include the name of the medication, dosage and frequency it should be taken.

Who will carry it: Team Leader  Participant

Does the participant have a disability which may require reasonable adjustment? Yes  No

If "Yes" please provide detail below:

Is the participant allergic to anything? Yes  No

If "Yes" please provide detail below:

Has the participant seen a health professional in the last 6 months? Yes  No

If "Yes" please provide detail below:

### PARENTAL CONSENT

This section requires the parent or guardian to provide consent for the participant to take part in the expedition. You are required to show that you have read the following declarations by ticking the indicated boxes. To make yourself happy with our working practices, you can find all documents relating to our safe operating at [www.eastcoastoutdoors.co.uk](http://www.eastcoastoutdoors.co.uk) East Coast Outdoors CIC holds its own Insurance Policy through **Activities Industry Mutual (AIM) under cover number AIM101018**. Every participant who undertakes an expedition is covered in the event of negligence by one of our employees or agents. Personal injury due to inappropriate behavior is not covered (see our Code of Conduct for more detail).

**By signing and returning this document, you give consent for the above-named child to take part in this expedition. You understand that appropriate training will be provided to complete the activity successfully, and that the type of activity your child will be undertaking is deemed as adventurous in its nature. This means that heavy loads will be carried, possibly in poor weather conditions under remote supervision (staff won't always be present) sometimes in unfamiliar terrain.**

I give permission for photos and/or videos to be taken of the above-named child during the expedition and understand these may be used for promotional purposes by East Coast Outdoors CIC\*\* (see bottom of page 3).

**During the expedition team leaders will carry non-prescription drugs to help alleviate minor symptoms. Staff also carry a small selection of sanitary wear as part of their kit. Please tick to indicate which medicines you give consent for an adult to administer if required. If you do not want us to provide anything, please tick NONE.**

Paracetamol	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>
Dehydration Relief	<input type="checkbox"/>
Antihistamine	<input type="checkbox"/>
Blister plasters	<input type="checkbox"/>
Plasters	<input type="checkbox"/>
Savlon	<input type="checkbox"/>
Sun Cream	<input type="checkbox"/>
Aftersun Cream	<input type="checkbox"/>
<b>NONE</b>	<input type="checkbox"/>

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorise the release of my child’s pertinent medical information to the appropriate professional staff. I give permission to the hospital to secure treatment for them and to order medications, injections, anesthesia, or surgery for my child, as named above, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child’s health or safety in the case of an emergency.

The signature below constitutes authorisation to perform any necessary treatment for my child during this expedition.

**A signed form must be returned to the Expedition Manager before the date of your first expedition.**

Parent/Guardian Signature:

Date:

**CONTACT US** – if you wish to provide any further information relating to the participants health, please email this to [info@eastcoastoutdoors.co.uk](mailto:info@eastcoastoutdoors.co.uk) and mark the email confidential with the participants’ full name.

You can also ring 07706 476179 leave a message and we will call you back.

**\*\* the use of photos during the expedition enables parents / guardians / school to follow progress via TWITTER @coast\_outdoors or Instagram @eastcoastoutdoorcic**