



Participant Information Form *(For participants under 18 years old)*

School/Organisation Name:

Start **Date** of Stay/Course: **'Expedition Alpine Gold'**

Activity: Trekking arduous Alpine terrain whilst carrying equipment in a remote mountain environment.

Student's Surname: **Forename/s:**

Date of Birth:/...../..... **Age:** **Gender:** Male / Female

Address:

.....
.....Postcode: Tel. No/s:

Alternative emergency contact:

Name: Tel. No/s: Relationship:

Name & address of family

doctor:

What is your child's swimming ability? (please circle) Non swimmer / 25 metres / More than 50 metres

What is your child's Cycling ability (please circle) Non cyclist / Intermediate / Expert

Dietary Requirements: Does your son/daughter have any special dietary requirements (e.g. vegetarian)
YES / NO

Medical Information

• To the best of your knowledge has your son/daughter been in contact with any contagious or infectious disease or suffered from anything in the last 4 weeks that may become contagious or infectious?YES / NO

If YES please give details:

• Does your child have any disabilities or special needs?

.....YES / NO

If YES please give details:

• Does your child suffer from any allergies?

.....YES / NO

If YES please give details:

• Has your child had a tetanus injection in the last 5 years?YES / NO/ Don't Know

• Does your child suffer from travel sickness?

.....YES / NO

If YES please give details of any medication used:

• Is your child taking any medication at present?

.....YES / NO

If YES please give details:

• Does your child need to use an inhaler for asthma at on the course?

.....YES / NO

If YES please give details and please ensure that your child brings their inhaler to the course.

Please Note: We reserve the right to not take students on activities if they do not have their required

• Please tell us about any recent injuries or illnesses that might affect your child's participation in activities:

If you are in any doubt as to your child's ability to participate in activities with Outlook Adventures please provide a letter from your doctor and discuss the issues with the course director at Outlook Adventures.

Are there any activities which you DO NOT wish your child to take part in?

.....YES / NO

YES which ones?



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Please note that you are most welcome to phone us at Outlook Adventures if you wish to discuss any specific concerns.

Please complete the questions on this page and read and sign the Declaration attesting to the information that you have supplied. Please note that we feel unable to accept students onto a course at Outlook Adventures unless parents can agree to the whole of the Declaration.

Optional Consents

Compared to the city, Outlook Adventures is often some distance away from medical facilities. It would help us to offer better care to your child if you would indicate whether or not you agree to the following:

- Calpol or paracetamol for pain relief YES / NO
- Suncream for protection from the sun..... YES / NO
- Insect repellent (not a deet based product)..... YES / NO
- Calamine lotion or antihistamine to soothe insect bites etc..... YES / NO
- Asthma inhaler (only for children who have been prescribed this drug but
Have lost or misplaced their own inhaler)

NA / YES / NO

We would also like to photograph some activities, and may occasionally use some of the photographs in our publicity material (brochures, web pages etc).

- Do you give permission for photographs to be taken and for these photographs to be used in publicity materials?

YES / NO

Declaration

- I declare that the information given in this form is correct at the time of writing.
- I agree to my child taking part in a course. I agree to his/her participation in outdoor activities. I acknowledge the need for my child to follow instructions and behave responsibly. I understand that Outlook Adventures management reserve the right to send home any student whose behaviour is dangerous to themselves or others, and that the cost of this will be passed on to their parents.
- I declare that there is no reason, medical or otherwise, why my child should not take part in this course and I undertake to fully declare the details of any medical treatment that my child is receiving and any other matter that the Centre staff should be aware of.
- I agree to my son/daughter receiving any medical treatment, including anaesthetic and blood transfusion, as may be considered necessary by the attending medical authorities. (Parents with objections to the administration of blood products should contact the Director at Outlook Adventures before completing this form).
- I acknowledge the fact that whilst Outlook adventures staff will make every effort to care for the safety of my child; Adventurous Activities have a RISK of personal injury. I have made myself aware of and accept these risks. The chances of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and - less likely- minor fractures) are a possible result of taking part in Adventurous Activities.
- I understand that whilst Outlook Adventures is insured for public liability purposes, this does not cover personal accident insurance.

Signed **Date**/...../.....



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Outdoor Education, Life Skills & Adventure