

Consent Form

Establishment Name: Ancient Technology Centre – Duke of Edinburgh’s Award Residential

Consent form and Medical Information for DofE Residential

The purpose of this form is to obtain contact and medical information to keep ALL event goes safe. Under-18s require consent from a person with parental responsibility if they are to take part in the Residential.

Data protection

Dorset Council is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals. The information you supply is being collected for the purpose of gaining your consent, including photographic consent. When you sign or complete this form you are providing your consent to Dorset Council holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

Details of proposed event

This is consent for a Dorset Council DofE Residential at the Ancient Technology Centre.
Always keep the Centre informed of changes in medication or contact details

Acknowledgment of risk

Residential events pose additional risks to those encountered during a normal day. We have assessed these risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety, all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any event leader and follow all instructions or guidance given. If unable/unwilling to take direction from leaders, the participant may be excluded from activities.

Details of planning and risk assessment are available on request.

Participant’s details

Full name:	M or F	Date of Birth:
Home address:		edofe ID (mandatory)

Medical / emergency contact information

Name (print):	If unavailable, contact Name (print):
Relationship to Participant:	Relationship to Participant:
Mobile:.....	Mobile:.....
Home Tel:.....	Home Tel:.....
Work Tel:.....	Work Tel:.....
email:	email:
The participant's doctor is:	Surgery:
Name:	Tel No:

Medical and dietary information.

If there are any of the following that we need to know about, please complete the *Medical Information and Dietary Requirements* form and return it to us with this form:

- Medical conditions
- Allergies or special dietary requirements
- Disabilities
- Illnesses
- Recent infectious disease
- Any treatments required to maintain health

Tick here if none apply

This information helps us to keep ALL event goers safe.

Consent declaration if the participant is under 18

I, being the person with parental responsibility for the participant named at the head of this form, know how to access full details of specific events, am satisfied with the arrangements and give consent for him/her to take part in the proposed DofE Residential.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I will ensure that the participant understands the need to inform the Leaders of any medication taken during the event.

I understand that photographs will be taken of unidentified participants to memorialise the event and may be published on <http://www.dofedorset.org/>. These photographs may be used by for promotional purposes or supplied to The Award or Dorset County Council for use in newsletters, website or other publications.

I understand that a certain level of acceptable behaviour is required to take part in outdoor activities and that the participant may be excluded from activities if the level of behaviour is not maintained.

I understand that the participant may need to be collected from the Centre in the event of unexpected illness, accident or misbehaviour.

Print Name:

Relationship to participant:

Signature & Date:

Consent self-declaration if the participant is over 18

I give consent to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I understand the need to inform the event Leader of any medication taken during the event. I consent to being photographed for The DofE Award purposes only.

Print Name:

Signature:

Date: