



## PARENTAL/GUARDIAN CONSENT FORM

<b>PARTICIPANT DETAILS</b>			
Full Name of Child	1		Age
	2		
	3		
	4		
<b>Relevant Medical Information;</b> Conditions, medicines/tablets and allergies.			
Doctor's Name			
Surgery Address			
<b>CONTACT DETAILS</b>			
Parent/Guardian			
Address (Home)			
Address (Temporary)			
Contact Telephone Number	Home	Mobile	
<b>PARENTAL CONSENT</b>			
<ul style="list-style-type: none"> <li>Participation in adventurous activities entails some risk of injury. Llain Activity Centre staff are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risks of injury. However participants accept that accidents and injury may occur.</li> <li>I confirm that my child is in good health and I consider him/her capable of taking part in activities.</li> <li>I hereby agree that senior members of staff at Llain Activity Centre may consent to my child receiving such medical treatment which, in the opinion of a qualified medical practitioner, may be necessary during the course of their stay at Llain. (Including inoculations, transfusions, anaesthetics and surgery).</li> <li>I accept that my child is subject to centre rules and discipline and that centre staff instructions must be adhered to at all time.</li> <li>Llain is not responsible for any loss or damage to personal property. Secure lockers are available.</li> <li>All information will be treated in the strictest confidence.</li> </ul>			
<b>Signed</b>	<b>Parent/Guardian</b>		<b>Date</b>