

PARENTAL CONSENT & PERSONAL INFORMATION

F



(Treated as Confidential Once Completed)

Please complete each section of this form in full and return it to your Group Leader

Group Name: _____ Date of Visit: _____

Child's Personal Details

Child's Name: _____ Gender: _____ Date of Birth: _____

Doctors Name, Address & Phone number: _____

National Health Number: _____ Date of last Tetanus vaccination: _____

Name & Address of person to contact in an **emergency**: _____

Telephone Number of person to contact in an **emergency**: _____

Name, Address & Phone Number of Parent/Guardian (if different to above) _____

Dietary requirements please tick relevant boxes below (*Halal and Pescatarian diets will be catered as vegetarian*)

Vegetarian ☐ Vegan ☐ Dairy Free ☐ Lactose Free ☐ Diabetic ☐ Coeliac ☐

Other ☐ please specify below: _____

Does your child have a Food Allergy or Intolerance: NO ☐ YES ☐ If YES, you **MUST** complete a **Special Diet Request Form G** and return this with a copy of any relevant Care plan for your child.

Medical Information

Existing ailments can be exacerbated or increase the risk of further injury, some minor physical exertion will result in participating in the course. Please provide specific relevant health or medical information.

Please tick if your child has or is currently suffers from any of the following:

Allergies ☐ Asthma ☐ Back/Neck Problems ☐ Diabetes ☐ Epilepsy ☐ Heart Problems ☐
Joint Problems ☐ Raised/Low Blood Pressure ☐ Bone weakening condition ☐ Other ☐

Please give more detail if you have ticked any of the above _____

Does your child take medication? Yes / No If YES please state condition _____

_____ Dosage Required: _____

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child's ability to take part? Yes / No

If you have answered YES to any of the questions above, please explain _____

In signing this form, you:

1. Agree for information detailed within this form to be shared with Hilltop and third-party sub-contractors Hilltop engage for the purposes of providing the service.
2. Give your consent as the Parent or Guardian for this child to attend the course and to be given first aid and medical assistance as necessary.
3. Ensure the child attending (named above) understands it is not compulsory to attempt the activities.

Hilltop has public liability insurance of £10 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but as with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event including cancellation and curtailment cover.

Signed by Parent/Guardian: _____ Date: _____

Print name Parent/Guardian: _____

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.