**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM**

 (This form is to be complete in full by the parent/carer and returned to Pendynas Ltd)

This form is to inform you of the associated risks, control measures and responsibilities involved in undertaking educational activities with Pendynas Ltd. Pendynas Ltd requires all users to give consent and accept that all programmes have inherited risks. Pendynas Ltd will record this via referral paperwork which will include medical information and the person responsible for making the referral will sign that they understand and have communicated the risks as identified in this statement and have obtained permission as appropriate for users to take part in activities.

## Acceptance of risk statement

Pendynas Ltd provides educational services that include tutoring, mentoring, coaching outdoor activities and practical skills that involve an element of risk. The nature of activities will vary for each young person. It is our inherent belief that exposure to risk in a managed and controlled environment educates, develops and provides opportunity for enjoyment and growth and as such holds tremendous value to participants.

Risk will be managed through planning, training and monitoring. Feedback from referrers, clients and external professionals will be sought. Should changes in things such as weather increase the element of risk we reserve the right to change our planned activities. Young people will be encouraged to participate fully in all activities to a level that they are comfortable with.

All clients that use Pendynas Ltd do so knowing that they enter a risk managed environment or have permission from someone who has parental responsibility to enter this environment and understand that taking part in activities may result in injuries. Participants agree to wilfully disclose information that may increase the risk level of the activity or would lead to a negative experience. Clients also agree to abide to instructions, safety notices and only access areas that they have been given express permission to do so. Failure to abide by these may result in major injury and or death.

I understand and accept the risks associated and agree to give my permission for the named person (below) to participate fully in activities with Pendynas Ltd.

|  |  |
| --- | --- |
| Participant Name: |  |
|  |  |  |  |
| Parent / guardian name (if under 18) |  |
|  |  |  |  |
| Relationship to Participant: |  |
|   |  |  |  |
| Date: |  | Sign: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Young Person** |  | **D.o.B** |  |

|  |
| --- |
| I agreed to my son/daughter/ward taking part in the activities arranged by Pendynas Ltd and having read the information sheet, agree to their participation in any or/all of the activities. I acknowledge the need for good conduct and responsible behaviour on their part.  |
|  |  |
| He/she is capable of swimming 25 metres unaided  | Yes |  | NO |  |
|  |  |
| **EMERGENCY DETAILS** |  |
| I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present. |
|  |  |
| I may be contacted by telephoning the following number(s): |
| Home |  | Work |  |
| Mobile |  |  |  |
|  |  |
| Parent / Guardian Address |  |
|  |  |
|  | Postcode |  |
|  |  |
| Please state an alternative contact point telephone No. |  |
| Name of contact |  |
| Relationship to child |  |
|  |  |
| Childs National Health Number |  |
| Childs / Family Doctor |  |
| Address |  |
|  |
|  | Postcode |  |

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| --- |
| **MEDICAL INFORMATION**  |
| **Details of any medications currently being taken and what they are being taken for.** Please ensure that your child has adequate supplies of medication and dosage. |

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| **Details of any disabilities or additional needs that might affect activities:** |
| **Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food?** **If yes please state below:** |
| **To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious. If yes please give details below** |

 **INSURANCE COVER**

 I understand that the activities are insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the activity. I also understand that any extension of insurance cover is my responsibility unless advised differently by Pendynas Ltd

 **DECLARATION BY PARENT/CARER**

* I have read the attach information provided about the proposed activities and insurance arrangements.
* I consent to my child taking part in the activities, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities.
* I am aware of the levels of insurance cover.
* I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child’s participation in the activities will be notified to Pendynas Ltd prior to the visit.

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| **I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM PENDYNAS LTD.** |
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|  |  |  |  |
| **Signature of Parent/Carer** |  | Date |  |
| (N.B. Parental/Carer consent required for children aged 17 and under) |
|  |