



**Activity Information Form**  
School and/or Organisation Consent

**About Your Child**

Child's Full Name

Date of Birth  Age (During Club or Activity)

Address  Postcode

**Your Childs Medical and Additional Needs**

Details of any relevant medical conditions, allergies, special requirements or medication being taken that staff need to be aware of for the safe running of the activity and/or activities.

**Emergency Contact**

**Parent/Legal Guardian**

Emergency Contact Name

Home Phone  Mobile

Email [Print]

**Your Consent**

Participants, parents and/or guardians should be aware that there is risk involved in all adventure activities, and we draw your attention to a participation statement for the British Mountaineering Council.

"The BMC recognises that climbing and mountaineering (and other adventure activities) are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions".

Please ✓

I give my consent for the child named to participate in the activities provided by Clubz4kidz.

Is he/she able to bathe under careful supervision?

Can the participant swim 20m or more?

Sun Cream can be applied by instructors/practitioners

  
  
  


I am the parent / legal guardian of the child named and I give permission for my child to be photographed or videotaped participating in activities provided by Clubz4Kidz. This will be used for child observations, and can be used for media publicity and/or staff course work.

**Signed**  **Date**

Please return to  
**Your Group Leader  
and/or School Teacher**

**Activity Guidelines**

I consent to any emergency medical/first aid treatment necessary to ensure the health and wellbeing of my child during Clubz4Kidz Activities. I authorise a representative from Clubz4Kidz to sign any written consent form required by the hospital authorities if it has not been possible to contact me by all the agreed forms of communication and the delay in getting my signature is considered by the doctor to endanger my child's health and safety. The agreed forms of communication in this instance are telephoning all the contact numbers provided on this form.

The information you have provided is protected under the current Data Protection Legislation. Your information will only be used to discharge our duty of care and will be securely stored.