



Medical and Consent Form

This form must be completed and signed by the parent or carer if the participant is under 18 years old and by the participant if he/she is over 18 years, and returned to the organiser of the event. Please complete this form using block capital letters and *deleting as appropriate. Once complete please hand in to Mr. Weir.

THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Event:			
Bronze, Silver or Gold			
Dates of trip from:	/ /	To:	/ /
Participant's name:		Date of birth:	/ /
eDofE ID number:		School:	
Address:			
Postcode:		Email:	
Phone (daytime):		Mobile:	

Emergency contact 1:		Relationship to participant:	
Address:			
Postcode:		Email:	
Phone (daytime):		Mobile:	

Emergency contact 2:		Relationship to participant:	
Address:			
Postcode:		Email:	
Phone (daytime)		Mobile:	

Dietary requirements:	
-----------------------	--

NOTE: It is important for the safety and well-being of yourself and others that you provide details of ALL current and past medical conditions. It is extremely unlikely that any medical condition would lead to you not being accepted on a DofE event.

Please give details of any medical conditions, allergies, allergies to medication, disabilities or special needs e.g. diabetes, asthma etc.

Please give details of any current medical treatment, including medication that your child will need to take during the expedition. Please provide dosage and frequency information.

Please list any types of NON prescription medication that your child may NOT be given.

Please detail any recent illness or accident suffered by your child that staff should be aware of

To the best of your knowledge has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be infectious/contagious?

Does your child require any other support during the day/night?

Please provide details of ANYTHING ELSE not covered above that may affect your child during the expeditions.

NHS no:		Date of last Tetanus injection:	/ /
Name and address of GP:		Surgery telephone no:	

DECLARATION

- After reading the information provided, and having understood the level of supervision to be provided, I agree to my child taking part in the activities.
- I understand that all reasonable care will be taken of my child during the visit/activity and that they will be under an obligation to obey all directions and instructions given by instructors and school staff and observe all rules and regulations governing the expedition.
- I give permission for my child to be driven, if necessary, in a fully compliant vehicle as part of the expedition with a member of expedition staff.
- If it becomes apparent that your child maliciously damages an item of equipment you will be responsible for the cost of replacement, this will be billed directly to you.
- I understand that if my child seriously misbehaves, is considered medically unable to continue or is a cause of danger to themselves or to others, then I may be asked to collect them or they may be brought home early from the expedition. In such a situation there will be no obligation on either Off Grid Adventures or the school to refund any money, and the cost of getting the child home early will be incurred by you.
- In an emergency, I agree to my child receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
 - I understand that activity images may be used for educational and/or promotional purposes.
- I understand that any kit not returned in a serviceable condition is chargeable at the following rates: Tent - £120, Trangia (stove) - £90 and Navigation Equipment - £10.

Yes, I understand (Parent, Guardian or Carer)

To be agreed and completed by the young person

I understand that, for the safety of the group and myself, I will obey the rules and instructions of instructors and school members of staff.

Yes, I understand.

Signature of parent/guardian/carer:		Date:	/ /
--	--	--------------	-----

Signature of participant:		Date:	/ /
----------------------------------	--	--------------	-----

Privacy Policy

The information provided on this form will be used for the purpose of this activity only, it will be stored securely and will be shared with Off Grid Adventures trainers and assessors. All personal information will be processed and stored in full compliance with the Data Protection Act 2018. Please take particular note:

- We may contact you before the course if we need more details from you about any medical conditions, accessibility requirements, allergies, or dietary requirements - this is so that we can meet your child's needs.
- We will keep this information securely for 3 years and will then delete it.
- If your child is involved in an incident or accident, these details will be kept for 3 years.
- In the event of a medical emergency, we may need to share these details with the emergency services.

You can read more about how we handle data in our Privacy Policy on our website.