



Professional Outdoor Education
 Tel – 01743 792877
 Mob - 07885801479
 info@edge-ucationoutdoors.co.uk

www.EDGE-ucationoutdoors.co.uk



Licence Number
L1547/R1028

Outdoor Education Consent Form

Name of Student Age Date of Birth

Home Address of Student/Parent Guardian.

.....

..... Post Code

Contact Details (to help enable 24hr contact of Parent / Guardian during trip)

Home Tel Mob 1 Mob 2

Alternative contact name and address if possible

..... Post Code Tel

Medical

If your child suffers from a particular complaint, allergy, is taking any medication or has any medical condition that could possibly have an effect on the activity, please indicate below. This will not compromise any opportunity to take part in the activities.

Tick appropriate box :- My child does not suffer from any of above

My child suffers from
 which I have detailed on an attached note.

Name and address of Doctor

Please specify any dietary restrictions i.e. no beef / pork / vegetarian etc

Consent Details (To be signed by parent / guardian)

I have read the attached programme/details and agree to my child taking part. I consent to any emergency treatment necessary during the course.

If any of the above conditions change during/prior to the course of the activity I will inform appropriate persons.

Signature of Parent / Guardian Date

(I am also willing for course photographs of my child to be used for displays and certificates.)

Student Agreement

I have read and been informed of the course. I agree to follow instructions and safety advice of the staff.

Signature of student Date