

STRAMASH CONSENT FORM - CONFIDENTIAL

Please return to: Stramash, Oban Livestock Centre, Upper Soroba, Oban, Argyll PA34 4SD

Information provided by you will be used by Stramash for the purposes of the activities for which consent is being given. Please complete **ONE FORM PER PARTICIPANT**. Additional forms, or a large print version, can be obtained by telephoning 01631 566080. Feel free to photocopy this form. Please complete in **BLOCK CAPITALS**.

Activity Details

Course Name:

Course Code:

Course Date:

Booking Reference number:

Enclosed is my cheque made payable to

Stramash for £.....

Participant Details

First Name:

Surname:

Address:

.....

.....

Postcode:

Telephone:

Email:

Date of Birth:

Age at Time of Activity:

Next of Kin:

Emergency Contact Details

Please provide details of a contact that can be used during the timescale of the event.

Emergency Contact

Name of emergency contact:

Address:

.....

Telephone: (Home)

(Work)(Mobile)

For residential trips please state any special dietary requirements:
.....

Can the participant swim? YES/NO

Medical Information

Please note: Stramash cannot be held responsible for the consequences of non-disclosure of information.

Does the participant suffer from any medical or special needs condition that may affect their ability to participate in the activity? YES/NO

If YES, please give details:

.....

.....

Is the participant currently taking any medication? YES/NO

If YES, please give details:

.....

Will the medication be self-administered? YES/NO

(Please note: If the participant requires medication during the timescale of the activity but fails to bring it on the activity, they will not be allowed to participate)

Is the participant allergic to any medication/substance? YES/NO

If YES, please give details:

.....

Has the participant suffered from or been in contact with any infectious/contagious disease within the last three months? YES/NO

If YES, please give details:

.....

Name of Doctor:

Surgery Address:

Surgery Telephone:

Do we have permission to administer the following:

1. Paracetamol? YES/NO 2. Anti-septic wipes/cream? YES/NO
3. Sun protection cream? YES/NO

Photographs: these may be taken during the activities for use in Stramash publicity. No participant will be identified by name. If you do not wish photographs to be used in this way please write to the Stramash office.

Consent

I consent to my son's/daughter's participation in the activities.

To the best of my knowledge my son/daughter is medically fit to participate in the activities. I undertake to notify Stramash in the event of any change in fitness or health that may take place prior to the activities.

I agree to my son/daughter receiving emergency medical, surgical and dental treatment as considered necessary by the medical authorities present.

I understand that if my son's/daughter's behaviour jeopardises their own safety or the safety of others, he/she may be removed from the activity and any additional costs incurred as a result of his/her actions may be recovered from me.

Signed:

(Parent/Guardian)

Name:

(Parent/Guardian)