Medical and Consent Form

Group Name	
Date of Visit	

This form must be completed for all participants using the Activities at Lorne. It should be completed by a parent/guardian for participants under the age of 18.

Participant Name		Date of Birth	
Address	P/Code		
Tel. Number (Adult participants Only)	Home Mobile		

Parent/Legal Guardian Name (if under 18)	
Relationship to Participant	
Tel Number	Home Mobile

Emergency Contact Name (This person should be contactable at all times during the visit)	
Relationship to Participant	
Tel. Number	Home Mobile

Does the participant have any medical conditions (including allergies) or behavioural conditions which may effect their participation in the Outdoor Activities at Lorne? YES / NO

If YES please provide details including any current treatment, medication and administration of medication:

Consent (Under 18's)

I give permission for my child to participate in activities at Lorne and I give permission for my child to receive any emergency medical treatment as deemed necessary by the emergency services.

☐ Please tick this box to give permission for photographs/videos of your child to be used for publicity purposes for Lorne in print and online.

Signed: _____ Print: _____Date: _____

Consent (Adults)

I give permission to receive any emergency medical treatment as deemed necessary by the emergency services.

☐ Please tick this box to give permission for photographs/videos of yourself to be used for publicity purposes for Lorne in print and online

Signed: _____ Print: _____Date: _____