

**STOKE-ON-TRENT CITY COUNCIL
DEPARTMENT OF CHILDREN & YOUNG PEOPLE'S SERVICES
STANLEY HEAD OEC**

ADULT CONSENT

(To be completed by clients 18 years or over)

Name of Group or Party: _____

Your Name: _____ Date of Birth _____

I CAN/CANNOT swim 50 metres (delete as appropriate)

Event/Activity: Outdoor Environmental and/or Adventurous Activities

Date(s): _____

It should be noted that no special insurance policy has been taken out to cover the loss of or damage to personal property during the event/activity.

I authorise the leader of the party to take emergency decisions on my behalf, including the giving of permission for medical treatment on the advice of the medical authorities present having taken the following medical information into account.

Medical Information

- (a) Do you suffer from any conditions that may or may not require medical treatment and/or medication? (E.g. diabetes, asthma, hay fever, epilepsy, heart complaints etc) YES/NO
If YES, please give sufficient details, including medication.

- (b) To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks, that may be or become contagious or infectious? YES/NO
If YES, please give brief details.

- (c) Are you allergic to any medication? YES/NO
If YES, please give sufficient details.

- (d) Have you received a tetanus injection in the last five years? YES/NO

- (e) Please outline any further medical information that you think we should be aware of:

Declaration

- I understand the extent and limits of the insurance cover provided.
- For courses involving air rifle target shooting, I confirm that am not prohibited from air rifle shooting by section 21 of the Firearms Act 1968.
- I understand the risks involved in the activities I will be undertaking.
- Photos and videos may occasionally be taken for promotional purposes. Please tick this box if you do NOT wish your image to be used to help promote Stanley Head OEC..... ☐

In the event of an emergency, Stanley Head should contact:

Name: _____ Phone: _____

Mobile: _____

Address: _____

Name, address and telephone number of family doctor: _____

Sign here: _____ **Date:** _____

This form or a copy must be given to a member of Centre Staff before any activities are started. You may not be permitted to take part in activities if Stanley Head OEC do not have a copy of this completed form.