

# PARENTAL CONSENT FORM

## HAZARDOUS ACTIVITY



### 1 PERSON DETAILS

Surname \_\_\_\_\_ Forename \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2 ACTIVITY

Skateboarding, riding Hooked ramps

On (date) \_\_\_\_\_ Between (time) \_\_\_\_\_

### 3 MEDICAL

Does your child follow any special diet? (please list) \_\_\_\_\_  
\_\_\_\_\_

Has your child any of the following (tick as appropriate)

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fits, fainting / blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe headaches / migraine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anxiety / depression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes / sugar tolerance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies to any known drug	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Abnormalities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other illness / disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Menstrual or other gynecological disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details: _____ _____		

If the answer to any of the above is yes, please give details below

\_\_\_\_\_

Is your child vaccinated against tetanus? Yes  No

Date of injection \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note of any other injections relevant to the journey and the exact dates received

\_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

### 3 MEDICAL (CONT.)

Is your child receiving medical or surgical treatment from your family doctor or hospital and / or have they been given specific advice to follow in emergencies?

Yes  No

If yes please give details below and supply a Doctor's letter confirming the treatment and that your child is fit to travel. If your child has been recently exposed to any infectious disease and is showing any symptoms or illness, the child should be examined by your family Doctor and a letter of fitness to participate should be obtained.

### 4 PHOTO CONSENT

I authorise Hooked to use images of me taken at this event in accordance with Hooked image guidelines. This material may be used for publicity or promotional purposes.

Yes  No

### 5 DETAILS

To ensure parents may be contacted in the event of any travel delays please complete section below

Parent's full name and postal address

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-----  
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Home telephone (+ area code)

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Work telephone (+ area code)

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Mobile telephone

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Relative / neighbour's full name and postal address

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Home telephone (+ area code)

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Work telephone (+ area code)

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Mobile telephone

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Doctor's full name and surgery address

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Telephone (+ area code)

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### 6 CONSENT

I wish my child to take part in the above mentioned trip / activity and having read the information sheet, I agree to my child taking part in any or all of the activities described. I also understand that this is classed as a hazardous activity.

I understand that while the staff in charge of the event will take all reasonable care of the children, they cannot necessarily be held for any loss, damage or injury suffered by my child which occurs as a result of the school trip / activity.

I understand that the organiser has arranged personal accident insurance for my child.

I understand that should medical treatment be necessary every effort will be made to obtain my consent. However, in an emergency I authorise the party leaders to consent on my behalf to any medical treatment which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics).

My child is 14 or above and experienced enough not to wear pads and helmet if they choose Yes  No

Signed -----

Mother / Father / Legal Guardian