

# Bowles Consent Form - Under 18's

**Booking ref:**

(open courses/private lessons only)

Name of Child:	Address:
Date of Birth:	
Group/Course:	

	Primary Contact	Alternative contact
Name		
Relationship		
Contact numbers		

## MEDICAL & DIETARY INFORMATION

Does your child have:	Y/N	Details/Notes/Medication
Dietary requirements e.g. Veggie/Halal. (call Bowles to discuss any complex dietary requirements)		
Dietary allergies/ auto-injector carried? (Please ensure they bring 2 in-date auto-injectors)		
Hay fever or other allergy		
Asthma		
Diabetes		
Epilepsy/Fainting/Migraine		
ADHD/Autism/Asperger's/Dyspraxia		
Current tetanus injection		
Current medication		
Any other medical condition, further details or relevant information:		

**Photos:** Bowles occasionally takes photos or video to use anonymously for publicity, for education or to feed back to funders. Please tick the box to give Bowles permission to use photos or video of your child in this way.

### Declarations:

- I give my informed consent for my child to take part in outdoor activities at Bowles. Please note that programmed activities may change e.g. due to weather.
- I acknowledge that there are inherent risks to taking part in outdoor activities.
- I consent to Bowles staff providing duty of care and loco-parentis for my child for the duration of their visit.
- I am aware that Bowles contains natural and man-made hazards and is open to the public.
- I give permission for any medical treatment deemed necessary to ensure my child's wellbeing.
- I will ensure that any essential prescribed medication is available.
- The information I have provided is correct and I have not withheld anything.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Privacy Notice: This consent form will be kept securely and destroyed after 1 year; if the child has an accident or incident the form will be kept until they are 21. Bowles will not share your child's personal data with any external organisation unless required or permitted by law.