



Grenville House Outdoor Education Centre
Berry Head Road
Brixham
Devon
TQ5 9AF

Adult consent form

Dear Sir or Madam

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for you to take part in this activity.

Organisation, Family

Visit or activity

Dates and Times

Name

Date of birth

Special Details

Any relevant information concerning your health requiring special attention but which does not prevent you taking part should be noted below. For example do you :

- have any allergies?
- take medication and if so what is the dosage required?
- experience travel sickness?
- have diabetes, asthma or epilepsy?

Have you had any relevant recent illness?

Do you have any specific dietary requirements?

Do you have any additional comments?

Swimming ability (for water based activities)

Can you swim 50 metres? YES / NO

Are you water confident with regard to the proposed activity? YES / NO

1. **I would like to take part in the above mentioned visit or activity and understand the nature of the activity and accept the risk involved.**
2. **I consent to any emergency medical treatment required by myself during the course of the visit.**
3. **I confirm that I am in good health and I consider myself fit to participate.**

Signature _____ **Date** _____

Name of next of kin _____

Address _____

Emergency contact numbers

(home) _____ (work) _____ (mobile) _____

Name of Family Doctor

Approximate date of last tetanus injection