

Field Camp Consent Form

VISIT TO	University of St Andrews	DATE	25 th – 29 th June 2018
LEADERS:	Dr Jen Brooke, Mr Sean Doherty Ms Lauren Hockenull		

VISIT MEMBER: Name:		AGE & D.O.B.	
Address			
Parent / Carer name (if applicable)			

EMERGENCY CONTACT INFORMATION			
First option - Name		Tel (home)	
Address		Tel (mobile)	
Second option - Name		Tel (home)	
Address		Tel (mobile)	

GEOLOGICAL EXPERIENCE: please tick the box below	
I have completed a Higher, As or A level in Geology before applying for this trip	<input type="checkbox"/>
I will begin a Higher or As level course in Geology after the summer	<input type="checkbox"/>
I have a basic knowledge of Geology but no formal qualifications	<input type="checkbox"/>

MEDICAL – Please give full and accurate information					
Doctors name		Practice		Tel	
Recent medical issues / illnesses / surgery					
Has your child / ward been in close contact with any contagious diseases?					
If yes please give details					
Any infections in the last 4 weeks					
Any current course of medication					
Any restrictions you would wish to place on emergency treatment:					
I authorise all medical and surgical treatment, including X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/carer can be reached in the case of an emergency.					
Parent / Carer's signature				Date	

Dietary Requirements
Please detail any dietary requirements that your child has:

PHOTOGRAPHY
Please tick the box If you do not consent to photographs being taken of your child / ward that could be used to promote activities. <input type="checkbox"/>

CONSENT					
I, being over 18yrs of age or having parental rights and responsibilities towards the above named person understand the nature of the excursion / activities and agree to them taking part and that they are fit and able to do so.					
By signing this form I also agree that it is my responsibility to inform the excursion leader of any significant changes to the information I have provided about the person named in this form between now and the excursion taking place.					
Name (Block Capitals)		Signature		Date	
Name (Counter signature for young persons 16 – 18)		Signature		Date	

