



Great Hagley, Hopton Castle, Shropshire, SY7 0QF

PARENTAL CONSENT FORM

Date of Event:

Children's Details: Name:

Date of Birth:

Parent(s) Details: Name(s):

Place(s) of Work:

Work Telephone Number(s):

Home Address:

Home Telephone Number:

Mobile Telephone Number(s):

Email Address(s):

Emergency Contact: Name(s):

Relationship:

Contact Telephone Number(s):



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CONSENT FORM INFORMATION SHEET

Medication, Special Needs, Dietary Requirements

Name of Child:

Medical Information:	Doctor's Name:
	Surgery Address:
	Telephone Number(s):

Does your child have any medical condition including allergies, that it is essential for the Great Escape team leader to know about (e.g. allergies, details of current medication, special needs)? Please give details, which will be treated in the strictest confidence:
Does your child have any dietary requirements?
Does your child have any special needs diagnosed or suspected?
Is there anything else you would like to tell us about your child?
Can your child swim at least 5 meters in deep water unassisted?



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CONSENT FORM BOOKING CONDITIONS

Liability: Great Escape Team Building (“Great Escape”) Ltd activity camps take place in the open countryside and are, by their very nature, not absolutely free from hazard. The Great Escape makes every effort to minimise risk to children and instructs them in the safe negotiation of such risks as may remain. Consequently, parents must acknowledge that there are circumstances in which an accident could befall a child during Great Escape Team Building Ltd camps and accept that their child/children are taking part at Great Escape Team Building Ltd at their own risk.

I have read conditions 6 to 9 of the Great Escape’s Terms and Conditions (www.thegreatescapecompany.co.uk) In consideration of the Great Escape agreeing to the participation of my child in a Great Escape Camp I agree to be bound by those terms as if I am the client of the Great Escape.

<u>CONSENTS</u>		
1	I consent to my child receiving medication as instructed by any instructor appointed by the Great Escape Team, any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities present.	YES/NO
2	I consent to my child having an adhesive dressing applied, if the First Aider feels it is required	YES/NO
3	I consent to my child having sun cream (provided by yourself) applied by staff when help is needed	YES/NO
4	I consent to my child participating in cooking activities and eating the finished product and other food provided by the Great Escape.	YES/NO
5	I consent to my child having their photograph taken to capture their activities and this may be displayed on the “Great Escape Team Building Ltd” website and any other marketing material.	YES/NO
6	I consent to my child taking part in activities on or close to open water subject to appropriate supervision and safety measures.	YES/NO

I agree with the above and certify that, to the best of my knowledge, all the information I have given about my child/children is correct.	
PARENT/GUARDIAN SIGNATURE:	
Signed:	Date:

Please return this form to:
Great Escape Team Building Ltd, Hopton Castle, Shropshire, SY7 0QF