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Outdoor Ted Adult Consent Form

Information for Assisting Adults

So that you have the information you need to consent to assisting with Outdoor Learning Sessions, it is recommended that you attend any information meetings arranged, and that you read through any written information provided. If you have any questions please ask the Outdoor Leader. It is important you ensure you have the information you need to complete the questions below and sign the consent form. The personal and medical information requested will be kept confidential and is to ensure that we can provide a proper duty of care for you.

Personal Details

| | |
|--------------------------------|--------------------------------------|
| Name: | |
| Address: | |
| Tel: | (Home) (Work) (Mobile) |
| Date of Birth: | |
| Name of Emergency Contact: | |
| Address of Emergency Contact: | |
| Telephone of Emergency Contact | (I.C.E) (Mobile) (Work) |
| Relationship to you: | |



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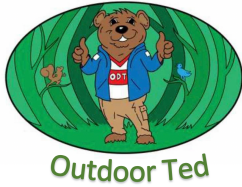
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Medical Details

| | |
|---------------------------|--|
| Doctor's Name: | |
| Doctor's Surgery Address: | |
| Doctors Telephone: | |

If you have a medical condition please discuss with your family doctor and inform your Outdoor Leader before the first Outdoor Learning Session. Medical conditions would not normally exclude you from participating in and assisting with the activities, but it is important that the Outdoor Leader is made aware. It is important that you bring with you sufficient necessary medication and that we are made aware of this.

| | Yes | No | Comments/ Details |
|---|-----|----|-------------------|
| Have you had any serious illness in the last two months? | | | |
| Are you recovering from an accident, injury or broken limb? | | | |
| Do you have? Epilepsy, convulsions or absenting | | | |
| Diabetes mellitus: | | | |
| Asthma: | | | |
| Heart Disease: | | | |
| Do you have a long-term illness or disability? | | | |
| Do you have any allergies? | | | |
| Are you on any medication? | | | |
| Have you been inoculated against Tetanus ? | | | Date if known |
| Do you consider yourself medically fit? | | | |
| Any other medical information we should be aware of? | | | |



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With your consent, we will provide first aid treatment if necessary. An example of items which may be used (this is not an exhaustive list) include: adhesive plasters, wrap bandages, suntan lotion, insect bite/ sting antihistamine, piriton, eye wash, and burns cream. Please indicate if you are willing to be treated and please give comments of any allergies or any that you do not give permission for. *Delete as appropriate.

| | | |
|---|----------------------|----------|
| *I consent for 1 st Aid Treatment/equipment to be used | *No I do not consent | Comments |
|---|----------------------|----------|

Dietary Information

E.g. Allergies, vegetarian etc

Consent for Photography

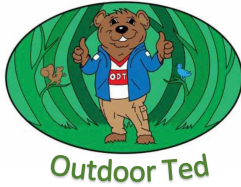
We use still and video images of Outdoor Learning sessions and activities both for teaching/ assessment purposes and for the purpose of producing printed information, displays, presentations, exhibitions, and promotional material (literature, website, DVD and CD). Such images will NOT be used for anything that may cause offence, embarrassment, or distress. Such images will NOT identify anybody by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

We would be very grateful for your consent to use such images. We take the issue of safety very seriously and are selective in images which we use and keep – but a cheerful, smiling face enjoying an activity is preferable to an unidentifiable person hidden behind a hood.

I have read the above and I *give / do not give consent to take, store, and use images of myself for the purposes described. *Please delete as appropriate.

SIGNATURE _____

DATE _____



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Prior Outdoor Learning Experience

Please provide details of any prior experience of the outdoors E.g. camping, forest schools, residential visits etc..

Consent

I understand that the aim of Outdoor Learning includes teaching people about potential risks in our daily lives and how we can manage them. Therefore, Outdoor Learning does contain an element of risk, however the level of risks people are exposed to are controlled through risk assessments so that benefits achieved from participating in Outdoor Learning outweigh the normal levels of risk.

I understand that I have a responsibility to self-manage a level of my own and the children's risk and expected behaviour in line with the Outdoor Learning policies, procedures and risk assessments. These will be explained to the group at the start of each Outdoor Learning session. I have read and understand all of the relevant Outdoor Learning Policies, Procedures and Risk Assessments and agree to follow them at all times and to demonstrate good practise and positive interactions with the children at all times. I understand that my involvement in Outdoor Learning activities or sessions will be withdrawn if my behaviour or conduct threatens my own, or others' safety.

I consent to contributing and assisting in Outdoor Learning Sessions as appropriate and within my qualifications and experience. I have received introductory information about the various activities the group may participate in and how I will be expected to assist. I understand that I need to provide my own relevant clothing (including spares), and equipment so that I can fully participate and assist in Outdoor Learning sessions, and my failure to do so may compromise my own or the group's involvement in activities or whole sessions. I understand that activities planned may be changed by the Outdoor Leader due to weather or for other reasons.

The information I have provided in this form is accurate at this time and I agree to inform the Outdoor Leader as soon as possible of any changes.

I agree to receiving medication as instructed above; and to receiving any emergency * dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. * Please delete any that you do not give permission for.

NAME _____

SIGNATURE _____ DATE _____