

CONFIDENTIAL WHEN COMPLETED

Lee Abbey & The Beacon Centre



Medical Consent Form (Children & Adults)

To be completed by an individual of age 18+ or by a Parent/ Carer of the individual

*Upon completion, please return this form to your group leader,
or, if you have booked independently, to the address below.*

Lee Abbey, Lynton, North Devon, EX35 6JL – Tel 01598 754621

If you are booking for a group, please ensure that a form is completed for every member of your party, including leaders. This form must be completed even if your school or group produce their own medical forms. All information will be treated with strictest confidence.

This form must be completed IN FULL.

Group name (if applicable)

Date of visit

(Please tick appropriate) Lee Abbey Resident - Beacon Resident -

Personal details

Surname.....		First name.....	
Home Address			
.....		Post Code	
Date of birth.....	Gender	M / F	
Guests who are NOT British Subjects please fill in the following			
Nationality (non-UK)		Passport Number	

(Emergency Contact) Details of Parent/ Carer/ next of kin

Name (Mr / Mrs / Ms / Other)	
Relationship to child/ adult above.....	
Emergency phone numbers.....	
Address (If different to that above).....	
..... Post Code.....	

Outdoor Activities

<i>(Delete as Appropriate)</i>	
0-7 Years Old – I agree for my child to take part in activities outside.	Y / N / N/A
8-17 Years Old – I agree for my child to take part in Beacon Adventure Activities.	Y / N / N/A
18+ - I agree to take part in Beacon Adventure Activities.	Y / N / N/A

CONFIDENTIAL WHEN COMPLETED

Lee Abbey & The Beacon Centre



Medical Information / Allergies / Essential Diets

Have you ever suffered from any of the following? *(Delete as appropriate)*

Epilepsy	Y / N	Asthma	Y / N
Diabetes	Y / N	Migraines	Y / N
Cardiac or respiratory ailments	Y / N	Other	Y / N

If you have answered YES to any of the above, or you have any other medical conditions please give full details below

.....

Are you currently taking any medication? Please give details

.....

Please give details of any allergies, including allergies to medication

.....

Do you have any essential dietary requirements? *(Delete as appropriate)*

Vegetarian	Y / N	Gluten Free	Y / N	Nut Free	Y / N
Dairy Free	Y / N	Vegan	Y / N	Diabetes	Y / N
Other/ food allergies	Y / N				

Please give details of your diet / allergy / what you require

.....

Early Years / Special Needs Toilet Consent

(Delete as appropriate)

My Child is wearing a nappy	Y / N / N/A
My Child is Potty Training	Y / N / N/A
My Child needs assistance when going to the toilet	Y / N / N/A

I give my permission for a member of the Youth Ministries Team to assist my child	Y / N / N/A
I would like to be contacted if my child needs assistance	Y / N / N/A

Using Images of Guests

Lee Abbey & The Beacon Centre would like to use images of people staying at Lee Abbey/ The Beacon Centre in their promotional literature. Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies. To comply with the Data Protection Act 1998, permission must be granted by the parent/carer before any images of children are taken and used.

Under 18's *(Delete as appropriate)*

May we use your child's image in our printed promotional publications or website? Y / N / N/A

18+

May we use your image in our printed promotional publications or website? Y / N / N/A

CONFIDENTIAL WHEN COMPLETED

Lee Abbey & The Beacon Centre



Collection at the End of Each Session

(Applies to 0-17 year old residents at Lee Abbey)

Named adult (s) who will collect child.....

8 years old and over: I give permission for my child to leave at the end of the session without being collected by an adult. **Y / N**

Medical Consent

(Applies to Lee Abbey residents)

I am aware that a parent / carer must remain **on site** for the duration of the session, and I will be contacted immediately should an accident occur that requires more than basic first aid.

In an emergency and/or if I am not contactable, I am willing for my child/ myself (if over 18) to receive doctor/hospital or dental treatment including anaesthetic.

Please tick: YES NO

(If applicable)

You can find me located inwhen my child is in their session.

Behaviour

In the unlikely event of any adult or child displaying disruptive behaviour that is deemed by the Beacon Centre staff to threaten the safety of guests or staff, the centre reserves the right to ask you and/ or your child to leave the centre. It is your own responsibility to arrange transport and to collect your child if requested. Where you have booked through a third party (group) the group leaders may assist if deemed appropriate. Your signature below indicates acceptance of these conditions.

Declaration/Consent

1. The information I have provided is to the best of my knowledge true and accurate
2. I understand that the Beacon adventurous activities, by their nature involve an element of risk which cannot be totally eliminated. While every care is taken to ensure the safety of participants; adventurous activities involve the acceptance of risk and of responsibility for the consequences of one's actions.
3. I/my child is in good health and physically able to take part in the selected activities/course. I have read and am signing to consent for myself/my child to take part in activities including Beacon Adventurous Activities.

Signature (parent/guardian if participant is under 18).....

Name..... Date.....

Relationship to participant (under 18 only).....

Please be aware that if this form is not returned to Lee Abbey or The Beacon Centre in advance we cannot guarantee your child's place in the sessions.