



CONSENT FORM

WALL CLIMBING

IMPORTANT If you want to take part please return form at least August 24th 2011, because there are limited spaces available. Alternatively telephone the Route 81 office on 01436 811100.

This form should be completed by a parent/guardian before the young person can participate in the event detailed below. One form should be completed for each child/young person.

Route 81 Wall Climbing @ Centre 81, Garelochhead.

Friday August 26th 2011, 7.15 pm – 9 pm.

Free.

Please wear comfortable clothing for sports and sneakers.

Harness, helmet, and other basic wall climbing safety equipment will be provided.

I agree to my son/daughter taking part in the above-mentioned event.

Name of child:
Date of birth:
Address:
Home Phone Number:
Parent's Work Phone Number:
Parent's Home Phone Number:

Alternative Contact Person

Name:
Address:
Phone Number:
Relation to child:

Medical Information

Doctor's name:
Doctor's address:

Does your son/daughter suffer from any condition requiring special medical treatment, including medication? If yes, give details below.

Is your son/daughter allergic to any medications? If yes, please give details below.

Does your son/daughter have any special dietary requirements? If yes, please give details below.

Has your son/daughter received a tetanus injection in the last five years?

Yes		No	
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I undertake to inform the co-ordinator/group leader as soon as possible of any change in the medical circumstances between the date signed and the commencement of the event.

I give permission for leaders to seek professional help for my child in case of emergency.

Signature of Parent/Guardian:
Date: