

Wildside activities consent form



Name of child _____ Age _____

I give my consent for my child to take part in the Wildside activities. I will ensure that he/she wears appropriate clothing and brings appropriate kit.

Signed _____ (parent).

Please print name: _____

Emergency contact phone numbers: _____

Please tick this box to give your consent for your child to receive emergency medical treatment, in the unlikely event that it may be necessary.

Please tick this box to give your consent for us to administer basic First Aid treatment and over the counter medication (including plasters, paracetamol, anti-histamine) if required.

Please tick this box if you are happy for Wildside Experience to use photos which may include your child for publicity. Names will not be linked to photographs.

Name, address and telephone number of own Doctor:

Has your child had a tetanus injection in the last 5 years? Yes/No

Please state any other relevant medical and dietary information, including allergies and medication currently being taken, in the space below.