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|  | **Harlech & Ardudwy**  **Hamdden/Leisure** | Tel : 01766 780576 |

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| Parental Consent Form | | | | | | | | | | | |
| Child’s Details Date of Birth:\_\_\_/\_\_\_/\_\_\_\_ Age:\_\_\_\_ | | | | | | | | | | | |
| First name | |  | | | | | Last name | |  | | |
| **All details below to be completed by parent/guardian** | | | | | | | | | | | |
| Parent/guardian name(s) | | |  | | | | | | | | |
| Work tel | | |  | | | | | Home tel | |  | |
| Mobile | | |  | | | | | Email | |  | |
| Emergency Contact Details | | | | | | | | | | | |
| Full name |  | | | | | | Emergency contact number | | | |  |
| Medical Matters | | | | | | | | | | | |
| Does your son/daughter have any medical problems you feel we should know about? (include all details about Asthma, Diabetes, Epilepsy if applicable) | | | | | |  | | | | | |
| Please include below details of any medicines being taken, any allergies e.g. penicillin, plasters etc or special dietary or other treatment necessary | | | | | | | | | | | |
| Medicine/Tablets | | | | |  | | | | | | |
| Allergies | | | | |  | | | | | | |
| Dietary requirements | | | | |  | | | | | | |
| Other treatment | | | | |  | | | | | | |
| His/Her National Health Service Medical Card No (if known): | | | | |  | | | | | | |
| His/Her doctor’s name and surgery  address | | | | |  | | | | | | |
| Doctor’s telephone numbers | | | | |  | | | | | | |
| Any Religious needs | | | | |  | | | | | | |
| Parental Consent | | | | | | | | | | | |
| I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I consent for him or her to take part in ***Harlech & Ardudwy Hamdden/Leisure – Wal Ddringo/Climbing Wall***. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics. I have read the BMC booklet entitled  **‘*Young People – A Parent’s Guide’ from*** [***http://www.thebmc.co.uk/Download.aspx?id=9***](http://www.thebmc.co.uk/Download.aspx?id=9) | | | | | | | | | | | |
| **SIGNED (parent/guardian only)** | | | |  | | | | | | | |
| Date | | | |  | | | | | | | |
| **BMC Participation Statement**  The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement | | | | | | | | | | | |