

Outdoor Activities

Under 18 Consent/Medical Form

FALKIRK COUNCIL
.....

Childs Name		Address	
Date of Birth			
Age		Post Code	
E-Mail			

Emergency Contact Details

Name		Emergency Contact No's
		1.
Relationship		2.
E-Mail		

Parent/Guardian Consent

Does the above named child have any medical condition or take any medication that the Outdoor Instructor should be made aware of. This information should include asthma, allergies or injuries, if yes please provide details.

I agree to the above named child taking part in outdoor activity sessions being provided by Falkirk Council Outdoors.

☐ Yes ☐ No

I hereby grant permission for emergency medical treatment or medication to be administered to the above named child in the event of an accident.

☐ Yes ☐ No

During the activity session photographs and video may be taken and used for publicity to promote Falkirk Council Outdoors in print and online including social media.

I agree for photographs and video to be taken.

☐ Yes ☐ No

Name		Signed	
Relationship			

Please complete this form and return it to the outdoor centre, school or outdoor instructor, whichever is appropriate.