



Medical Consent Form

Activity information – please tick to agree to these statements. Please note this is compulsory.

Achieving for Children & Albany Outdoors recognise that the environment and activities have the potential to cause injury or death. Participants/guardians in these activities should be aware of and accept these risks and be responsible for their own or their child’s actions and involvement under the guidance of qualified staff.

Participants agree to take part in watersports and/ or land adventure activities and are aware of and accept the risks involved.	<input type="checkbox"/>
Participants understand the importance of safety and the safety of the group, complying with the rules and instructions given by the staff in charge.	<input type="checkbox"/>
Participants accept that they will be required to bear the cost of any intentional damage caused	<input type="checkbox"/>
Are all of the participants water confident? (If no please state names) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Participants consent to photographs being taken of those named below during activities and understand they may be used in publicity for the organisation. Please tick as appropriate.	Agree <input type="checkbox"/> Disagree <input type="checkbox"/>

Medical information – Please note this is compulsory.

Full Name(s) / Date of Birth		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
Address/ Postcode				
Emergency contact name		Emergency contact number		
Email address				

Please name below any participant(s) who have medical conditions, require medication or suffered from any illness/injury. Please give as much information as possible.

If there is no medical information to report for any participant, please tick here		<input type="checkbox"/>
Name of participant	Medical information – medical conditions, medications, illness/injury	



Medical Consent Form Declaration

		Please name any participant who does not agree
I authorise a member of the organisation’s staff who holds a first aid qualification to administer emergency first aid treatment to participants where this is absolutely necessary in the event of a serious emergency and if it would not be possible for such treatment to be administered by a qualified medical practitioner	<input type="checkbox"/>	
In the event of illness or an accident requiring emergency medical treatment, I agree to participants receiving treatment, including anesthetic, as considered necessary by a qualified medical practitioner	<input type="checkbox"/>	
I agree to treatment being authorised to participants by a qualified medical practitioner or by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required obtaining my signature might be considered by a doctor is likely to endanger safety	<input type="checkbox"/>	
I do not agree to receiving the following medical treatment(s) (please name participant and treatment):		
Participants agree to a copy of this consent form being kept for a period of 1 year should any participant wish to attend another activity at Albany Outdoors	<input type="checkbox"/>	
Signed	(Parent, Guardian, Individual over 18 years of age)	Date

Personal Information Policy

Achieving for Children (AfC) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with AfC and other information about you available to AfC (your information). AfC will use your information to:

- Deal with your requests and administer its functions (to assist in providing you with youth services).
- Meet its statutory obligations
- Prevent and detect fraud
- Conduct surveys and research

AfC may share your information (but only the minimum amount necessary to do the above and only where it is lawful to do so) with departments within Kingston and Richmond councils (including the elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

You have a right to see your information. If you have any requests concerning your information or any queries with regard to AfC’s processing, please contact the Youth Service on 020 8547 6368. Please also let us know if your details change by calling this number so that we can correct your information.