



Registration/Consent Form

www.leadforestschool.co.uk

For under 18s this form must be completed and signed by a parent or guardian

School / Group Name	
Date of Course/Activity	

Details of participant (Complete in block capitals please)

Surname	
Forenames	
Date of birth	
Male / Female	
Home tel. no.	
Mob no.	
Home address	
Postcode	
Email address	

Data Protection

Lead Education collects the information on this form to ensure the safety and wellbeing of course participants. We will not share the information with anyone - except medical professionals in the event of a need for treatment. The information will be securely stored during the course. Information provided on this form will be kept for the time required by the Limitation Act 1990. (I.e. 7 years for adults, until a young person reaches the age of 25, or for 99 years in the case of Looked After Children.) The original paper copies will be destroyed after 3 years

	Emergency Contact (Include relationship to participant)	Alternative emergency contact (Include relationship to participant)	Your doctor
Name			
Address			
Tel No.			
Mob no.			

To which of the following ethnic groups do you belong? [for monitoring purposes only]

White		Black		Black Caribbean		Black African	
Pakistani		Indian		Bangladeshi		Other (please specify)	

During your course/activity, Lead Education may take photographs or video clips to be used for school and centre marketing material, course reports and websites.

Please tick this box if you give permission for photos to be taken.

Continued overleaf

Do you suffer from any of the following? Please answer the questions fully, honestly and give details.

If you need more space to include details please attach a separate sheet.

Heart trouble, angina, raised blood pressure?	Y/N	Severe hearing / visual impairments?	Y/N
Asthma, bronchitis, tuberculosis or other lung condition?	Y/N	Bladder / urinary problems?	Y/N
Are you overdue a tetanus injection?	Y/N	History of epilepsy, fainting attacks, migraines or have you ever suffered a severe head injury?	Y/N
Diabetes?	Y/N	Have you been treated by a doctor or in hospital within the last 2 years for anything other than a trivial complaint?	Y/N
Nervous illness, depression or other psychiatric condition?	Y/N	Are you suffering from, or are you a carrier of any infectious diseases or have you travelled from an area where you have been exposed to these?	Y/N
Allergy to foods [e.g. nuts, dairy produce, etc]?	Y/N	Do you have, or suffer from any other diagnosed condition or is there anything else you wish us to know about?	Y/N
Other allergic reaction [e.g. hayfever, reaction to medicine or insect bites]?	Y/N	Do you have any special dietary requirements [e.g. vegetarian, vegan or halal]?	Y/N
Recent history of broken bones, muscle tears or tendon / ligament damage?	Y/N	If female, do you know or suspect that you are pregnant? If so, state at what stage you will be when starting your course	Y/N
Stomach / digestive / abdominal problems?	Y/N	Are you taking any medication? If so, please state the condition being treated, name the medication, state the dosage	Y/N
Blood disorders?	Y/N	Are you happy to receive some medication? (Allergy relief, Paracetamol, travel sickness) Please indicate:	Y/N
Any other physical/medical/behavioural/emotional condition or other useful information?			

PLEASE NOTE: If there are any changes to the above, you must inform us immediately. If at the start of the course activity it is found that information has not been given correctly Lead Education reserves the right to refuse participation.

Safety and acknowledgement of risk

The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do an activity and if any participant has concerns they should make these known to their instructor. The level of risk associated with adventurous activities is normally very low, and probably no greater than that experienced by active people in everyday life.

I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THESE FORMS IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT.

In signing for a participant who is under 18, you endorse the following statement:

"I consent to the above named person participating in the course/activity and consent to him / her taking part in all activities. In the event of an emergency and Lead Education being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain his / her well-being."

Signature:

Print name:

Relationship to participant:

Date: