Anderton Centre
Outdoor Learning & Activities

| | | | |
|---|---|---|---|
| Group Name: | | Name of Group Lead: | |
| Date of Visit: | | Signature of Group Lead: | |

| Name | Dietaries/Medical Info | Name | Dietaries/Medical Info |
|---|---|---|---|
| 1. | | 21. | |
| 2. | | 22. | |
| 3. | | 23. | |
| 4. | | 24. | |
| 5. | | 25. | |
| 6. | | 26. | |
| 7. | | 27. | |
| 8. | | 28. | |
| 9. | | 29. | |
| 10. | | 30. | |
| 11. | | 31. | |
| 12. | | 32. | |
| 13. | | 33. | |
| 14. | | 34. | |
| 15. | | 35. | |
| 16. | | 36. | |
| 17. | | 37. | |
| 18. | | 38. | |
| 19. | | 39. | |
| 20. | | 40. | |

As the designated Group Leader, I confirm that I hold full responsibility for obtaining, holding, and managing parental/guardian consent for all participants listed in this group register. This includes accurate and up-to-date information regarding:

· Relevant medical conditions or additional needs;

· Emergency contact details for each participant;

· Any other necessary safeguarding or welfare information. I understand that the Anderton Centre will not collect individual consent forms and that I am responsible for ensuring the group's compliance with all legal and safeguarding requirements while onsite or partaking in activities. I further confirm that I will remain contactable at all times during our visit to the Anderton Centre. In the event of an emergency, I acknowledge that Centre staff will contact me to access and relay any necessary information relating to participants.

| Name | Dietaries/Medical Info | Name | Dietaries/Medical Info |
|---|---|---|---|
| 41. | | 61. | |
| 42. | | 62. | |
| 43. | | 63. | |
| 44. | | 64. | |
| 45. | | 65. | |
| 46. | | 66. | |
| 47. | | 67. | |
| 48. | | 68. | |
| 49. | | 69. | |
| 50. | | 70. | |
| 51. | | 71. | |
| 52. | | 72. | |
| 53. | | 73. | |
| 54. | | 74. | |
| 55. | | 75. | |
| 56. | | 76. | |
| 57. | | 77. | |
| 58. | | 78. | |
| 59. | | 79. | |
| 60. | | 80. | |

Please highlight any participants with an asterisk* who have **declined photographic consent**.

TOTAL NUMBER OF GUESTS -

As the designated Group Leader, I confirm that I hold full responsibility for obtaining, holding, and managing parental/guardian consent for all participants listed in this group register. This includes accurate and up-to-date information regarding:

· Relevant medical conditions or additional needs;

· Emergency contact details for each participant;

· Any other necessary safeguarding or welfare information. I understand that the Anderton Centre will not collect individual consent forms and that I am responsible for ensuring the group's compliance with all legal and safeguarding requirements while onsite or partaking in activities. I further confirm that I will remain contactable at all times during our visit to the Anderton Centre. In the event of an emergency, I acknowledge that Centre staff will contact me to access and relay any necessary information relating to participants.