Anderton Centre Consent / Medical Form

(Under 18)

Name: _____ Male / Female (please circle)

Age: _____ years Date of Birth: _____

Address: _____

_____

_____ Post Code: _____

Home Tel: _____ Mobile: _____

GP Details:

Doctor's Name: _____

Surgery: _____ Tel: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Address: _____

_____

Home Tel: _____ Mobile: _____

Activity Date: _____

Please provide details of any medical conditions, dietary requirements or essential medication:

_____

I understand that the activities may be hazardous by nature and give consent for the above-named person to participate in the activities provided by the Anderton Centre.

I give / don't give (please delete) * consent to the use of any photographic or video material containing the above-named to be used for promotional purposes by the non-profit Anderton Centre or charity Lancashire Outdoor Activities Initiative that runs the centre.

Signed: _____

Print name: _____

Parent/Guardian/Carer (please circle)

Date: _____

Anderton Centre
Outdoor Activities & Conferencing