

**Name of student**

**Name of School / Organisation**

**Male / Female**

**Date of Birth Age at time of trip**

**Photograph Permissions:** Schools are presented photos of the group from their course. Occasionally we may wish to use these photos (without naming any person) in our promotional materials as well as on our website. To comply with recent changes to the law governing data protection we need your permission before the centre can use these images. Please tick the appropriate box below.

 I give permission I do not give permission

If your child is taken ill or injured whilst at High Borrans, you will be informed as soon as possible. However, in order to speed up the administration of any medical treatment necessary, please sign below.

**You are also asked to acknowledge the small residual risk that is inherent in the nature of outdoor adventurous activities.**

**Medical Permissions:** I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) to receive any necessary medical attention whilst staying at High Borrans Outdoor Education Centre. This includes the administration of anaesthetics if necessary.

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Parent / Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the centre if you require any further information or wish to discuss or withdraw permissions: High Borrans OEC, Windermere, Cumbria, LA23 1JS.Telephone: 015394 42816. high.borrans@northtyneside.gov.uk Apr 24

Date of last Tetanus injection: \_\_\_\_\_\_\_\_

To be fully completed by Parent/Carer. Please return to the course organiser who will send it to High Borrans.

**Medical History** (Please detail information about your child’s health that may be useful eg. epilepsy, asthma, diabetes, bed wetting, hay fever, allergies to medication, specific conditions, syndromes or challenging behaviour. **INHALER USERS**: Asthma UK advises visitors to bring 2 inhalers with them, one for use and a second boxed and sealed in reserve, to ensure asthmatics will always have a full and in date inhaler.

**Adrenaline Pens**: you should consult your GP about having sufficient adrenalin pens for going into remote settings where paramedic help may be 1-2 hours away (i.e. having additional pens).

**Has your child suffered any serious recent illness or injury?**

**Does your child have any special dietary requirements or food allergies?**

**Permissions**

**Doctor’s Name, Address and Telephone No:**

**Emergency contact and telephone numbers**

**Home address and telephone number**

**DIETARY, MEDICAL& CONTACT INFORMATION FORM**

**UNDER 18’S**