

# Consent Form 2018



## PARTICIPANTS DETAILS

Surname		Road	
Other names in full		Village	
Date of birth		Town	
Age		County	
Sex		Postcode	

I, the parent / the guardian of \* give permission to the members of staff of Platty + on site during the period

DATE OF THE ACTIVITY

to administer any relevant treatment or medication to the above named participant, when/if necessary.

It is your responsibility to make known any potential medical conditions that may affect the participant during the activities associated with the training programme or event they are taking part in. Please therefore provide as many details as possible. This information will be shared with the staff involved in looking after the participant.

Has the participant ever suffered from any of the following conditions?

- |                                   |     |    |
|-----------------------------------|-----|----|
| • Asthma/bronchitis               | Yes | No |
| • Heart conditions                | Yes | No |
| • Fits, fainting or blackouts     | Yes | No |
| • Severe headaches                | Yes | No |
| • Diabetes                        | Yes | No |
| • Travel sickness                 | Yes | No |
| • Allergies to medication         | Yes | No |
| • Any other allergies             | Yes | No |
| • Other illnesses or disabilities | Yes | No |

If you have answered Yes to any of the conditions, please provide details below.

**Platty+ Ltd**  
**Smithy Green, Thornthwaite, Keswick, Cumbria, CA12 5SL**

**017687 76572**

jplatt@plattyplus.co.uk

V.A.T. Number: -473 2740 45

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Is the participant currently taking any medication? If so, please specify.

Does the participant have any food or other allergies? If so, please specify.

When did the participant last have a tetanus vaccination?

Year

Does the participant suffering/recovering from any injuries which may affect them participating in the activities with Platty +

In addition, if the case arises, I authorise the members of staff of Platty + to take the above named participant to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

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[jplatt@plattyplus.co.uk](mailto:jplatt@plattyplus.co.uk)

Registered in England and Wales No. 4454163

C:\Users\Sarah\Google Drive\Groups\Consent Form 2018.docx

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## RESIDUAL RISK ACCEPTANCE

I accept that there is a potential risk of injury to participants in the activities that Platty + offer that cannot be entirely eliminated.

## PHOTOGRAPHY

Platty + often records participants' achievements using digital images and video. We may use these images to promote water sports activities. Please indicate your wishes on photography below. Your refusal will prevent anyone in the group from being photographed, which means that they do not have a record of their activity. I grant to the organisers without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to the activity. I agree to notify Platty + of any relevant changes in circumstances. I confirm that the participant is not under a court order.

I <u>GIVE</u> my permission for images of my child been taken		I <u>REFUSE</u> permission for images of my child been taken	
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## CONSENT

GIVEN BY MYSELF as above or PARENT or GUARDIAN-\* delete as appropriate

Surname		Home Telephone	
Other names in full		Work Telephone	
Road		Mobile Phone Number	
Village		Doctors Name	
Town		Doctors Telephone	
County			
Postcode			

## SIGNATURE

Signed		Date	
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