



Consent Form

(to be completed prior to visiting by parent/guardian if under 18 years)

Name: _____ Date of Birth: _____ Date of Visit _____

Address _____ Postcode _____

Email address to join Carrowmena Group on Facebook _____

Parent / Legal Guardian Name: _____

Guardian Contact No: _____ Alternative contact number: _____

Does the individual suffer from any medical condition?

Please give details of any current medical treatment?

Has the individual been vaccinated against tetanus in the past 3 years? Y / N

Please give details of any allergies _____

Please give details of anything that could prevent the individual from participating in a outdoor activity? _____

Can the individual swim? Y / N

Name of Doctor _____ Doctor's telephone no. _____

Please tell us about any special dietary requirements? (e.g. Vegetarian, nut allergy)

I consent to any emergency medical treatment necessary in the event of an accident

SIGNED (parent /guardian) _____

DATE: _____

PRINT NAME: _____

Photography:

Carrowmena will use digital and video photography as a means of promoting their business through displays, presentations and website.

Please tick the box if you **do not** give your consent for this

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