



# Annual Young Person Medical Consent Form

VALID 1<sup>ST</sup> JANUARY 2023 – 1<sup>ST</sup> JANUARY 2024

<b>Child's name</b>			
<b>Name of Parent/Guardian</b>			
<b>Contact telephone number</b>			
<b>2<sup>nd</sup> Emergency contact number</b>	<b>Relation to child:</b>		
	<b>Mobile number:</b>		
<b>Does the intended participant suffer from any conditions of which the instructor should be aware?</b>	If yes, please give details, including any medication.		
<b>Is the participant allergic to any medication? Or Have any other allergies?</b>	If yes, please specify.		
<b>I consent to any emergency medical treatment that may be necessary whilst under the supervision of M&amp;T Adventures</b>	Yes / No		
<b>M&amp;T Adventures may use images and feedback comments, from the course on its website and/or social media pages, I give consent to such photographs being taken in all reasonable activity situations</b>	Yes / No		
<b>I accept that M&amp;T Adventures and its representatives are not under any liability whatsoever in the respect of loss or damage of personal property, however caused.</b>	Yes / No		
<b>I understand that this is an annual consent form valid from 1<sup>st</sup> January 2023 - 1<sup>st</sup> January 2024. I agree to update M&amp;T Adventures if there is any change in medical conditions or contact numbers during this period. M&amp;T Adventures will keep your details on file for 12 months as indicated</b>	Yes / No		
<p>It is important that participants are aware of, and accept, the elements of risk and the need to take responsibility for their own actions.</p> <p><b>I DECLARE THAT I AM MEDICALLY FIT TO UNDERTAKE ADVENTUROUS ACTIVITIES AND UNDERSTAND AND ACCEPT THE NORMAL RISK OF BEING IN AN OUTDOOR ENVIRONMENT</b></p>			
<b>Water confidence/ swimming ability</b>	Weak	Moderate	Strong
<b>Parent/Guardians Signature</b>			
<b>Date</b>			

