

General Consent

I / We the parent(s) / Legal Guardian(s) of _____

Who was born on ____/____/____

Hereby give permission for my / our child to partake in all activities organised and run in Suas Climbing Centre including but not exclusively roped climbing and bouldering.

From ____/____/____
to ____/____/____

I / we authorise, confirm and agree that the Staff of Suas Climbing Centre and/or a Supervisor of my/our choosing shall have authority over our child and the right to give lawful instructions to our child to the same extent as we ourselves, would be able to do so.

Other Details

	YES	NO
Do you give permission and consent that photographs may be taken for promotional and record purposes during activities taking place within Suas Climbing Centre which may include your child?	<input type="checkbox"/>	<input type="checkbox"/>

Medical Consent

I / We understand that in the event of my / our child requiring medical attention all reasonable efforts will be made to contact me / us (or the Alternative Emergency Contact if I / we are uncontactable) at the contact numbers provided on this consent form.

In the event of my / our child being taken ill or injured during the period of this consent, I / we hereby consent to any emergency medical, surgical or dental treatment that may be

necessary in a situation where I / we cannot be contacted for the purposes of giving consent at the time of treatment. I / we hereby authorise a member of staff of Suas Climbing Centre to communicate our consent to any treating medical or dental practitioner.

I / We confirm that the medical details in relation to my / our child are correct.

Medical Details

These are the medical details of my / our child. If you answer YES to any questions please provide details on the space provide below.

Has your child any serious illness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
-------------------------------------	---------------------------------	--------------------------------

Does your child take any regular medications?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Are there any medications that your child is allergic to and/or must not be prescribed?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Does your child have any allergies? Has your child any special dietary requirements?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Further Information

Parent(s) / Guardian(s) Contact Details

Name(s) _____

Phone Number (s): (Home) _____

Phone Number(s): (Work) _____

Phone Number(s): (Mobile) _____

Address:

Email: _____

Alternative Emergency Contact

Name: _____

Phone Number: _____

Additional Information

Please include any additional information including any special needs or conditions.

Schedule of Supervisors authorised as above

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent(s) / Guardian(s)

Signature(s) _____

Date: ____/____/____