



Student Information/Consent Form

(For participants under 18 years old)

Please complete and return one month before arrival

School/Group Name:..... Arriving on:...../...../.....

Student's Surname: **Forename/s:**.....

Date of Birth:/...../..... **Age:** **Gender:** Male / Female

Address:

.....Postcode:Tel. No/s:

Alternative emergency contact:

Name: Tel. No/s: Relationship:

Name & address of family doctor:.....

Background and Medical Information: attach additional sheets if you need to

If you are in any doubt about the students ability to take part in any activities or have any queries please contact us at Lagganlia.

Swimming ability? (please circle)Non swimmer / Can Swim but not strongly / Strong swimmer (i.e.: 50m +)

Cycling ability (please circle)Non cyclist / Intermediate / Expert

- Does the student follow a vegetarian, halal or similar diet?.....YES/NO
If YES please specify:
 - Does the student have any food allergies/intolerances?.....YES/NO
If YES please give details including any medication used:.....
 - Does the student have any disabilities/special needs or recent injuries that may affect their ability to take part in any part of the activities?.....YES/NO
If YES please give details.....
 - Does the student suffer from Asthma?.....YES/NO
If YES please give details and please ensure your child brings their inhaer to Lagganlia.
 - Does the student have any allergies (other than those stated above)?.....YES/NO
If YES please give details.....
 - Has the student had a tetanus injection in the past 5 years?.....YES/NO
 - Does the student suffer from travel sickness?.....YES/NO
 - Is the student taking any medication not already mentioned?.....YES/NO
If YES please give details.....
- Please Note: We reserve the right to not take students on activities if they do not have their required medication with them.*
- Does the student have incontinence problems?.....YES/NO



Parent/Guardian Consents

The student will be encouraged to take part in a range of adventurous outdoor activities (listed on www.lagganlia.com or the Lagganlia leaflet)

- Are there any activities in which you DO NOT wish the student to take part?.....YES/NO
If YES please list the activities and reasons why you do not wish the student to take part.

We recommend that the student brings suncreams etc with them, however we would like to provide the following if necessary with your consent:

- Calpol or paracetamol for pain relief YES / NO
- Suncream for protection from the sun..... YES / NO
- Insect repellent (not a deet based product)..... YES / NO
- Calamine lotion or antihistamine to soothe insect bites etc..... YES / NO
- Asthma inhaler (only for children who have been prescribed this drug but Have lost or misplaced their own inhaler) NA / YES / NO

We would also like to photograph some activities, and may occasionally use some of the photographs in our publicity material (brochures, web pages etc).

- Do you give permission for photographs to be taken and for these photographs to be used in publicity materials? YES / NO

Declaration

- I declare that the information that I have given in this form is correct at the time of writing.
- I agree to my child taking part in a course at Lagganlia. I agree to his/her participation in outdoor activities. I acknowledge the need for my child to follow instructions and behave responsibly. I understand that Lagganlia management reserve the right to send home any student whose behaviour is dangerous to themselves or others, and that the cost of this will be passed on to their parents.
- I declare that there is no reason, medical or otherwise, why my child should not take part in this course and I undertake to fully declare the details of any medical treatment that my child is receiving and any other matter that the Centre staff should be aware of.
- I agree to my son/daughter receiving any medical treatment, including anaesthetic and blood transfusion, as may be considered necessary by the attending medical authorities. (Parents with objections to the administration of blood products should contact the Principal at Lagganlia before completing this form).
- I acknowledge the fact that whilst Lagganlia staff will make every effort to care for the safety of my child, adventurous activities have a RISK of personal injury. I have made myself aware of and accept these risks.
- I understand that whilst the City of Edinburgh will indemnify Lagganlia for public liability purposes, the Council does not cover personal accident insurance.

Signed **Date**/...../.....