

**Berkhamsted Enterprises - Outdoor Activities**

Booking Organisation

**Child's details**

First Name

Surname

**Emergency Contact Details**

Full Name

Relationship to child

Address

Contact Number

Mobile

Work/Home

**Medical Details**

Please detail any medical conditions your son/daughter may have, including any allergies or intolerances, long term conditions, Special Needs or regular medication they are on which may affect their ability to participate in activities (please continue on the back if necessary)

Name, Address and Contact Number for Child's Doctor

**Parental Consent**

I am aware that Outdoor activities have an inherent risk of personal injury. I understand the nature of the activities my son/daughter will be involved in, accept the risk involved and consent to them participating. In the event that I am not contactable I consent to any emergency treatment deemed necessary by a medical professional, including emergency surgery and anaesthetics.

I do / do not (delete as necessary) consent to my Child's Image being taken and used in media publications, both online and in print.

Signed

Print Name

Relationship to Child