

# Wildside Experience consent form



Name of child \_\_\_\_\_ Age \_\_\_\_\_

I give my consent for my child to take part in the Wildside activities. I will ensure that he/she wears appropriate clothing and brings appropriate kit.

Signed \_\_\_\_\_ (parent).

Please print name: \_\_\_\_\_

Emergency contact phone numbers: \_\_\_\_\_  
\_\_\_\_\_

- Please tick this box to give your consent for your child to receive emergency medical treatment, in the unlikely event that it may be necessary.
- Please tick this box to give your consent for us to administer basic First Aid treatment and over the counter medication (including plasters, paracetamol, anti-histamine) if required.
- Please tick this box if you are happy for Wildside Experience to use photos which may include your child for publicity. Names will not be linked to photographs.

Name, address and telephone number of child's Doctor:

\_\_\_\_\_  
\_\_\_\_\_

Is your child up to date with the British vaccination schedule? Yes/No

Please state any other **relevant medical information**, including allergies and medication currently being taken, or medication that will be required in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state any **dietary requirements** that your child has, including allergies

\_\_\_\_\_  
\_\_\_\_\_