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**Consent and Information Form for School Groups.**

Date of Activity	
Name of School	

Activity	Surf lesson	Coasteering	SUP
Name of Pupil			
Date of Birth		Age:	
Emergency Contact Number			

**Medical Information**

Has your child had any serious illness within the last two months?	<b>Yes/ No</b>
Is your child recovering from an accident/injury or broken limb?	<b>Yes/ No</b>
Does your child have epilepsy, seizures, convulsions or absencing?	<b>Yes/ No</b>
Does your child suffer from asthma, diabetes or any other illness or disability?	<b>Yes/ No</b>
If yes, please give details:	
Is your child receiving any medical treatment (including medication)?	<b>Yes/ No</b>
If yes, please give details:	
Does your child have any behavioural/medical conditions?	<b>Yes/ No</b>
If yes, please give details:	
Is your child's Tetanus Vaccination up to date?	<b>Yes/ No</b>

**Swimming and Water Confidence**

My child can swim at least 25 metres	<b>Yes/ No</b>
My child is water confident in a pool	<b>Yes/ No</b>



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## Consent

I consent that my child may take part in this activity and that the information provided in this form is accurate at the time of signing. I consent to my child receiving emergency medical treatment, including hospital treatment, first aid, anaesthetic or blood transfusion as considered necessary by medical authorities. (Please delete and initial any of the above you do not wish to give consent to).

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Acknowledgement of Risk Statement

Scarborough Surf School places safety as a top priority.

Adventurous activity involves some risks for the people taking part. Scarborough Surf School aim to keep these risks as low as possible. The chance of serious injury are extremely low, but the chance of minor injuries (bruises, bumps and less likely, minor fractures) are a possible result of taking part in adventurous activities.

Scarborough Surf School will minimize the actual dangers by:

Carrying out a careful assessment of all risks before commencing the activity.

Only using experienced instructors with the appropriate qualifications for the activity.

Giving clear safety instructions to everyone participating.

Ensuring any safety equipment is well maintained and suitable for the activity and environment.

Ensuring activities are within the capabilities of the participants.

Asking participants to supply any medical conditions or information.

We expect participants to cooperate with requests of our instructors, to ensure the safety of all participants, by following instructions and answering questions honestly about any medical conditions or other information relating to health and safety.

I have read the above acknowledgement of risk statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



(Parent/Guardian)