

# PARENTAL CONSENT & PERSONAL INFORMATION FORM

(In confidence once completed)

School/Group: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Pupil Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Other Relevant Info: \_\_\_\_\_

Doctors Name & Tel No. \_\_\_\_\_

National Health no. \_\_\_\_\_ Date of last Tetanus Injection \_\_\_\_\_

Name, Address & Phone Number of Parent/Guardian: \_\_\_\_\_

## Medical Information

Some minor physical exertion will result if you participate fully in the course. With this in mind, please provide specific health of medical information that you regard as relevant to your visit to Hilltop.

Please tick if you have or currently suffer from any of the following.

Allergies      Asthma      Back Problems      Diabetes

Epilepsy      Heart Problems      Joint Problems      Other

Raised/Low Blood Pressure      Please explain \_\_\_\_\_

Do you take medication?      YES      NO      Dosage Required \_\_\_\_\_

If yes please state medical condition: \_\_\_\_\_

Has a medical doctor advised you to limit or restrict your physical activity in any way?      YES      NO

Are you aware of any other condition that limits your ability to take part?      YES      NO

If you have answered YES to any of the questions above please explain \_\_\_\_\_

Continue overleaf

While you are on the course you are covered by Hilltop's public liability insurance to £5 million. The public liability does not provide cover for personal accident or loss or damage to personal property. We advise you to get confirmation that your school provides adequate insurance cover for this type of event.

I give my consent for my child to attend the course and to be given first aid and medical assistance as necessary.

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

HM 07/07 Once Completed this form should be held by the group leader and brought to Hilltop on date of trip.

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