

Parental Consent Form

Child's Details

First name		Last name	
Date of birth			

All details below to be completed by parent/guardian

Parent/guardian name(s)			
Work tel		Home tel	
Mobile		Email	

Emergency Contact Details

Full name		Emergency contact number	
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Medical Matters

Does your son/daughter have any medical problems you feel we should know about? (include all details about Asthma, Diabetes, Epilepsy if applicable)	
Please include below details of any medicines being taken, any allergies e.g. penicillin, plasters etc or other treatment necessary	
Medicine/Tablets	
Allergies	
Other treatment	
His/Her National Health Service Medical Card No (if known):	
His/Her doctor's name and surgery address	
Doctor's telephone number	
Any Religious needs	

Parental Consent

I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I consent for him or her to take part in climbing sessions at Hi ROCK. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics.

At Hi ROCK we have a number of volunteers that help out during children's sessions, they do not hold any climbing qualifications but are deemed competent climbers and are safety test passed. Do you consent to volunteers belaying the child named above?	Yes / No
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Do you consent to pictures being taken of the child named above, and can they be used on Hi ROCK promotional material such as the website, Facebook page, newsletters and leaflets/posters?	Yes / No
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SIGNED (parent/guardian only)		Date	
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BMC Participation Statement

The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement