

## Roots weekend away consent form

Full name of participant: .....

Date of birth: ...../...../.....

Home address: .....  
..... Post code: .....

Telephone: ..... Mobile: .....

National Health No.:.....

Family Doctor:.....

Address: .....  
..... Tel: .....

Give details of any recurrent illness or allergies:

.....  
.....

Date of last inoculation against tetanus: ...../...../.....

**\*\*The participant must not take part in the Adventure Course activity if they have had any injury to head, neck or limbs which might be aggravated by taking part, or if they have had an injury to the head resulting in unconsciousness within the last six months.**

**\*\*Name:..... is fit to participate in all activities.**

**\*\*In the event of illness or accident requiring emergency hospital treatment, I authorise the Group Leaders to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.**

**\*\*Signed: ..... Date: ...../...../.....**

(To be signed by parent/guardian for under 18s). If you are under 18, please give address of where parent or guardian can be contacted during the visit (if different from above)

Address: .....

..... Post code: .....

Telephone: .....

Mobile: .....

**Other information:**

Dietary requirements: .....

Dorm mates names: .....

Other important information:

.....  
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