



## PARENTAL CONSENT FORM

ADVENTURE ACTIVITIES PROVIDED BY GLARAMARA OUTDOOR CENTRE  
SEATOLLER, BORROWDALE, KESWICK, CUMBRIA CA12 5XQ 01768 777222

### VISIT DATES AND DETAILS

**YOUNG PERSONS NAME**

**YOUR NAME**

**ADDRESS**

**CONTACT TELEPHONE NUMBER/S**

I agree to my son or daughter taking part in Outdoor Adventure Activities provided by Glaramara Outdoor centre. I understand that these activities take place in an often cold and wet environment, and that the nature of these activities is such that there is a risk of minor bumps and scrapes. I acknowledge the need for responsible behaviour on their part. I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the authorities present.

Signed .....

Date .....

### RELEVANT CURRENT MEDICAL INFORMATION - CONFIDENTIAL

**GENERAL HEALTH ISSUES, MEDICATION, FOOD OR MEDICATION ALLERGIES ETC.**

**Special Dietary Requirements?**

**Has your son or daughter received a tetanus injection in the last five years?**

### DOCTORS CONTACT DETAILS

