



Specific Visit Consent Form (C2) and Emergency Contact details

Please complete and sign the form below. Your contact details are needed in case of emergency. Data will be stored securely, and shared only with relevant personnel and managers who need to ensure that adequate arrangements are made for the visit. The data is normally destroyed after each visit,

1. DETAILS OF CHILD AND VISIT

Name of Child: _____ Date of Birth: _____

Visit to: _____

Date(s)/Times: From: _____ To: _____

2. EMERGENCY CONTACT NUMBERS

I may be contacted on the following telephone numbers:

Name: _____ Relationship to child: _____

Work: _____	Home: _____	Mobile: _____
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Home Address: _____

If I am not available, please contact:

Name: _____ Relationship to child: _____

Work: _____	Home: _____	Mobile: _____
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Home Address: _____

3. PROGRAMME ACTIVITIES

Are there any particular activities on the visit that you do not wish your child to participate in? (please circle answer)	Yes	No
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If yes, please give details below:

4. WATER ACTIVITIES (if applicable)

Are you willing for your son/daughter to participate in water sports? N.B. Most water sports can still be suitable and safe for non-swimmers.	Yes	No
Swimming ability in swimming pool conditions (please tick level of ability)	Non-swimmer	
	25 metres +	
Is your child generally confident in water? (please circle answer)	Yes	No

5. PARENTAL/GUARDIAN CONSENT

I have read the information about the above-mentioned visit.

I agree to my son/daughter (named above) taking part in the visit.

I agree to his/her participation in all of the activities, unless otherwise stated above.

I acknowledge the need for obedience and responsible behavior on his/her part, and accept that any serious misbehavior that could put others at risk may result in him/her being withdrawn or returned from the visit.

I understand and accept that there is some level of risk in every activity, but that all reasonable measures will be taken to minimize the risks involved.

I understand and accept the extent and limitations of the insurance cover provided.

Signed: _____ Name: _____

Date: _____ Relationship: Parent/Carer/Guardian (delete)

Signed: _____ Name: _____

Date: _____ Relationship: Parent/Carer/Guardian (delete)