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READ THIS:

All Outdoor Adventure activities carry an element of risk. Breakout takes all reasonable steps to reduce risk but minor injuries can and do happen. **In filling in this form you are accepting this risk.** It is **essential** that you tell us if you have any special need, illness or disability that could affect your own safety or the safety of others.

ACTIVITY CONSENT FORM

Parents/guardians please fill in all the spaces and answer all the questions.

I, (Your Name)am the parent/guardian of (Child's Name)
(Date of Birth) (Home Address)
..... (Tel No)

Does this child have any allergies that we need to be aware of, e.g.. food allergies or allergies to common medicines such as aspirin or penicillin, or serious reactions to bee stings, nettles etc?

(Yes /No) If yes, please give details

Does this child suffer from any medical condition such as serious asthma, epilepsy, heart condition etc., which may affect their safety on this activity?

(Yes /No) If yes, please give details
.....

Can he/she swim 50 metres? (If they cannot swim they might still be able to take part in water activities, but we **must** know so that extra care can taken.)

(Yes /No)

Does this child have any special need or behaviour difficulty which might affect their own safety or those of others taking part.

(Yes / No) If yes, please give details
.....

In the event of a medical emergency I agree to him/her receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

(Yes/ No)

I give permission for my child to take part in Breakout Activity Days.

Signed..... (Parent/Guardian) Date.....

Please give us a person to contact if we are unable to contact you in an emergency

Name: Telephone:

Address: