



Parental Consent Form for Climbing The Walls

(ver date: 13/03/17)



Child's Details		Age (on first day of Event): Years ___ Months ___	
Date of Birth _____			
First name		Last name	
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	
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 special dietary or other treatment necessary			
Medicine/Tablets			
Allergies			
Dietary requirements			
Other treatment			
His/Her National Health Service Medical Card No (if known):			
His/Her doctor's name and surgery address			
Doctor's telephone numbers			
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 indoor climbing. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics.			
SIGNED (parent/guardian only)			
Date			
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			

For Office Use			
Birthday	Kids club	Group Family	Lesson
Checked by: Sign Name.....Date.....			