



### FORM 3

**Establishment Name:** Dorset County Council DofE

#### CONSENT FORM & MEDICAL INFO for DofE

The purpose of this form is to obtain contact and medical information to keep ALL event goers safe. U18s – require consent from a person with parental responsibility to take part in the proposed event

#### DATA PROTECTION

Dorset CC is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals.

The information you supply is being collected for the purpose of gaining your consent, including photographic.

When you sign or complete this form you are providing your consent to Dorset CC holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

#### DETAILS OF PROPOSED EVENT

**This is a general consent for Dorset County Council DofE Expeditions 2017**

**Activity Details for specific DCC events will be published on the website**

**<http://www.dofedorset.org/>**

**Always keep the Centre informed of changes in medication or contact details over 2017**

#### ACKNOWLEDGEMENT OF RISK

Expedition events pose additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any event leader and follow all instructions or guidance given. If unable/unwilling to take direction from leaders the participant will be excluded from activities.

Details of planning and risk assessment are available on request.

#### PERSON'S DETAILS

Full name:

M or F

Date of Birth:

Home address:

#### MEDICAL / EMERGENCY CONTACT INFORMATION

Name (print):

Relationship to Participant:

Mobile:.....

Home Tel:.....

Work Tel:.....

email:

If unavailable, contact

Name (print):

Relationship to Participant:

Mobile:.....

Home Tel:.....

Work Tel:.....

email:

The participant's doctor is:  Name:	Surgery:  Tel No:
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**Medical Information.**

Please provide detail of all medical conditions, allergies, disabilities, illnesses and recent infectious disease, and any treatments required to maintain health.  
 This information helps us to keep ALL event goers safe.

**CONSENT DECLARATION for U18 named as the Person**

I, being the person with parental responsibility for the participant named at the head of this form, know how to access full details of specific events, am satisfied with the arrangements and give consent for him / her to take part in the proposed schedule of 2016/17 expedition events.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I will ensure that the participant understands the need to inform the Leaders of any medication taken during the event.

I understand that photographs will be taken of unidentified participants to memorialise the event and may be published on <http://www.dofedorset.org/>. These photographs may be used by for promotional purposes or supplied to The Award or Dorset County Council for use in newsletters, website or other publications.

I understand that a certain level of acceptable behaviour is required to take part in outdoor activities and that the participant may be excluded from activities if the level of behaviour is not maintained.

I understand that the participant may need to be collected from the expedition area in the event of unexpected illness, accident or misbehaviour.

Any other information that may affect the safety of the participant or any other persons and/or the organisation of any 2016/17 Expedition events, as published, has been provided to the organiser.

**Print Name:**

**Relationship to Participant:**

**Signature & Date:**

**CONSENT DECLARATION for Over 18 named as the Person**

I give consent to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health. I understand the need to inform the event Leader of any medication taken during the event. I consent to being photographed for The DofE Award purposes only.

**Print Name:**

**Signature & Date:**