

# OFF THE EDGE 2008

## Activity Consent & Health form

**Trip – Off the Edge activity week**

**Location – Cefn Lea, Wales**

**Age – Year 7, 8 & 9**

**Date – Mon 26<sup>th</sup> May-30<sup>th</sup> May 2008**

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**(This sheet needs to be sent back to Salt & Light Ministries (OTE) ASAP!!**  
**164A Barton Road, Stretford**  
**M32 8DP**

Full Name of Young Person : \_\_\_\_\_ D of B : \_\_\_\_\_

Address :

Please give details of any medical conditions that may be affected by the Activity week

Details of any allergies or special diet

Telephone number for emergency:

Name and Address of own Doctor:

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**Parental Consent**

- A. I agree to my son/ daughter (s) taking part in this activity week
- B. I understand that the staff responsible for the activity will take all responsible care of the participants.
- C. I consent to any emergency treatment necessary. I therefore authorise the party Leader or leaders to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment be deemed necessary. This is provided that the delay required to obtain my signature might be considered, in the opinion of the Doctors or Surgeon concerned, likely to endanger my Child's health or safety.

Signed (parent/ or adult with parental responsibility)

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Date: -----