|  |  |  |  |
| --- | --- | --- | --- |
| **Name of pupil** |  | **Date of Birth** |  |
| **Mobile phone number of pupil (*this is for emergency use only and is kept confidentially*)** |  | **Gender of pupil** |  |
| **eDofE number of participant**  |  |
| **Do you consent to photos/names being used for promotional purposes and/or in the public domain (please delete as appropriate)** | YES NO |
| **Has/does the pupil suffer(ed) from any of the following?** * Asthma or bronchitis
* Heart condition
* Fits, fainting or blackouts
* Severe headaches or migraine
* Allergies to any known drug
* Other allergies, e.g. food, materials
* Other illnesses or disability not named
 | YES NOYES NOYES NOYES NOYES NOYES NOYES NO |
| If the answer to any of the above is YES, please give details: |  |
| **Does the pupil require medication(s)?**  | YES NO |
| If YES please give full details below and include name of medication(s), dose, and frequency of administration and if ‘self-administration’ is preferred: |
|  |
| **Please write any further information which you feel may be of assistance below:** |
|  |
| **Parent/carer contact name:** |  |
| **1st Contact telephone number of parent/carers:** |  |
| **2nd Contact telephone number of parent/carers:** |  |
| **Home address:** |  |
| **Alternative emergency contact:** |
| **Name:** |  |
| **Contact telephone number:** |  |

Apex Expeditions takes the safety and welfare of participants extremely seriously. We employ qualified instructors to deliver sessions. Inherent risks exist, and accidental injury can happen.

Accidents can happen; Apex Expeditions do not accept any responsibility for personal injury unless we have been negligent.

**Signature of parents/carer**

I, the undersigned who have parental responsibility for the above-named pupil have completed the information requested above. I have read and understood, and I consent to the matters set out above and in the visit programme or other relevant information. I agree to inform the school/organisation as soon as possible of any changes in the medical or other circumstances between now and the commencement of the trip/expedition.

|  |  |
| --- | --- |
| **Signed** |  |
| **Relationship to pupil** |  | **Date** |  |