|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 NO  YES NO  YES NO  YES NO  YES NO  YES NO  YES 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** |  |