

## **DofE Expedition Consent and Medical Information Form**

DofE Team No. :	(If known)	DofE Award:	Bronze / Silver / Gold (Circle one)	
Name of School:				
Participants Name:				
Participants Date of Birth:				
Home Address:				
			Postcode:	
Home Telephone:			Parent Mob:	
Email:				
(Please attach additional informatio	on if required for	any of the following	ng questions)	
(If you list medication on here yo	ou must bring it	t with you).	associated medication you will need to bring	?
Do you have an educational sta	tement of spe	cific needs?		
Do you have a diagnosis of any bring? (If you list medication on			r any associated medication you will need to ).	
Additional Medical information	L			

Do you have an additional medical care plan? (If yes, please ensure a copy is included with this form). Yes / No (Please circle)











## **In Case of an Emergency** (This contact must be available during the expedition)

Name:	Relationship to participant:
Address:	
	Postcode:
Home Telephone:	Mobile:
(If known)	
Name of Family Doctor/Surgery:	Tel:
Address:	
	Postcode:
or blood transfusion, as considered necessary Adventure Ltd as soon as possible of any chang commencement of the activities. I understand temperature before and throughout the cours	ergency dental, medical or surgical treatment, including anaesthetic by the medical professionals present. I will inform OceanRock ges in medical and/ or other circumstances between now and the d and agree that OceanRock may take my Son/Daughter's see to safeguard against transmission of COVID 19. If my ourse I understand that I will need to collect them as soon as n self isolation.
risk. However, participation in Adventurous Ac that injury and accident may occur. Whilst every effort has been made to ensure e	n activity sessions and will at all times proceed in a manner to limit ctivities carries an element of risk and in signing below you accept each course/activity is 'COVID secure' participation in Adventurous k of transmission and in signing below you accept that there is a ris activity.
Photography: If you <u>do not</u> agree to OceanRock Adventure u	using photos taken on the course for promotional material please
tick here:	
Guardian/Parental signature:	









## **COVID 19 - Being COVID Safe**

If you have had or develop any of the following symptoms in the last 7 days such as:

- A new continuous cough
- A high temperature
- A loss of, or change in sense of taste or smell

You <u>must not</u> attend the course and self-isolate for at least 7 days and follow current Public Health England guidance for COVID 19.

https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-the-public

Please note we kindly ask you to adhere to the following to keep all safe:

- All clothing should be freshly washed prior to attending the course/event and again once the course/event finishes.
- Please follow OceanRock Adventure instructors' directions at drop off and pick up from the course.
- Ensure you adhere to your allotted drop off/pick up time and depart the area swiftly to minimise total numbers of people at the site.
- Parents/Carers please stay in your vehicle at the site unless directed otherwise by an OceanRock Adventure instructor.
- I understand that my son/daughter will have to follow hygiene and social distancing recommendations as directed by OceanRock Adventure Instructors throughout the course in order to keep participants and staff safe.
- Please ensure that your son/daughter attends the course with 100-150ml of hand sanitiser as well as sufficient tissues to catch sneezes and coughs.

Failure to follow the guidelines above could make the course unsafe for you, other participants and our instructors, so please help us to keep everyone safe in the outdoors in these challenging times.





