



# WEST VIEW PROJECT

A Community Interest Company: Number 6157306  
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## Information & Medical Consent Form

Full Name of Child/Participant: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_ School /Group: \_\_\_\_\_

### Emergency Contact Details:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Contact Numbers:

Home/Work \_\_\_\_\_ Mobile: \_\_\_\_\_

Medical information: Please give details of any conditions that have been noted on the right AND of any current medication, Hospital stays, Dietary Issues, Allergies or Religious considerations.

\_\_\_\_\_  
\_\_\_\_\_

Doctor (If known) \_\_\_\_\_ Surgery: \_\_\_\_\_

Does the participant have a disability? Y/N. If Yes please state below:

\_\_\_\_\_

### **Please read the following before signing:**

I consent to any medical, surgical or dental treatment that may be required whilst under the supervision of West View Project staff. I authorise these staff to give permission for treatment in the event that delay in contacting myself would endanger health.

I am aware that there are risks associated with adventurous outdoor activity and accept that although West View Project staff will take all reasonable precautions an element of risk will always exist due to the nature of the activity.

I give consent for West View Project to share information about me/my child with other organisations who provide services that would be of benefit for me/my child.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the course of our activities West View Project staff may take photographs, occasionally these photographs are used for promotional purposes. This may include our website, Facebook page or in the media. We will not name children in any published photographs without prior permission. If you are happy for your child to appear in any published photographs please sign below:

Signed: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

<p><b>PLEASE CROSS OUT THOSE THAT DO NOT APPLY!</b></p> <p>Asthma</p> <p>Epilepsy</p> <p>Diabetes</p> <p>Allergies</p> <p>Hay Fever</p> <p>Broken Bones</p> <p>Chest Complaints</p> <p>Heart Problems</p> <p>Nervous Illness</p> <p>Bleed/Bruise Easily</p> <p>Blood Pressure</p> <p>Nervous Illness</p>
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