



Strathclyde
SOCIAL WORK

APPENDIX IV

STRATHCLYDE REGIONAL COUNCIL
SOCIAL WORK DEPARTMENT

OUTDOOR PURSUITS CONSENT FORM

Group/Organisation Newfield Resource Centre
Address Barochan Road
Johnstone

Group/Organisation
Address

Leader in Charge Danny McCarthy Tel. No. [REDACTED]

Details of Activity
Nature of Activity Hillwalking / Camping

Date/Time Departure 9.00 a.m. 24th June, 1998

Date/Time Return 2.00 p.m. 26th June, 1998

Name of Participant ELVIS DUNCAN

Address of Participant Newfield Resource Centre

Medical Information

- (a) Does the participant suffer from any condition which requires treatment or medication. If 'yes' please give details.
Yes ☐ No ☒ ADONIA
- (b) Does the participant have any infection? If 'yes' please give details.
Yes ☐ No ☒
- (c) Does the participant suffer from any allergy which could affect their health or well-being? If 'yes' please give details.
Yes ☐ No ☒

- (d) Has the participant had an anti-tetanus injection within the last 5 years?

Yes ☐ No ☒ Don't Know ☐

- (e) Does the participant require a specific diet? If 'yes' please give details:

Yes ☐ No ☒

- (f) Name and address of participant's G.P.

DR. MCNATTIE
PORTLAND SURGERY
TOWN

Declaration

1. I Agree to participate/my child participating in the activity
2. I consent to myself/my child receiving emergency medical treatment including anaesthetic, as considered necessary by medical authorities.
3. I acknowledge the need for the participant/my obedience and responsible behaviour during the activities.
4. I understand the extent and limitations of the insurance cover provided
5. I undertake to inform the leader should there be any change in the above medical circumstances prior to the activity.

Signature [Signature] Date

Relationship to participants DAD

Address 8 LOGAN DRIVE, TOWN

Tel. No. Home [REDACTED] Tel. No. Work

If no telephone please give name of friend/neighbor/relative for use in any emergency

Name Tel. No.

Ensure this form accompanies the activity with a copy left at H Q