

Parental Consent Form

Child's Details Age (on first day of Event): Years ___ Months ___

First name		Last name	
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All details below to be completed by parent/guardian

Parent/guardian name(s)			
Work tel		Home tel	
Mobile		Email	

Emergency Contact Details

Full name		Emergency contact number	
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Medical Matters

Does your son/daughter have any medical problems you feel we should know about? (include all details about Asthma, Diabetes, Epilepsy if applicable)	
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Please include below details of any medicines being taken, any allergies e.g. penicillin, plasters etc or special dietary or other treatment necessary

Medicine/Tablets	
Allergies	
Dietary requirements	
Home address (for BMC registration)	
Date of Birth	
Any Religious needs	

Parental Consent

I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I consent for him or her to take part in rock climbing. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics. I have read the BMC booklet entitled 'Young People – A Parent's Guide'

SIGNED (parent/guardian only)	
Date	

BMC Participation Statement

The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement