

Recent surgery for .....

Date

Any known allergy to medicine (e.g. penicillin) .....

Is your child undergoing treatment by a doctor? (If so, please give details)

Any medical condition which a doctor should know before carrying out treatment (e.g. Asthma)

Please state any restrictions you wish to place on emergency medical treatment

Please give details of any special diets e.g. vegetarian /diabetic/no specific 'E' numbers etc.

Details of any special cultural or religious considerations that you would wish to be made.

Any additional information

Name of Family Doctor .....

Address .....

Tel No. ....

# Child's Details Form for Aberdeenshire Council



## Sport and Leisure Activities SNOWBOARD APPLICATION (P6-S6 Only)

Participant's name .....

School attended .....

Class (eg P6) ..... Male or female .....

Name of parent/guardian .....

Tel nos. (home, work, mobile as applicable) .....

Email address .....

(please provide as confirmation will be by email)

*Please give the names and contact details of two adults prepared to take temporary responsibility for your child. They must be contactable during the session if necessary (this may include you if appropriate).*

Name .....

Relationship to child .....

Relevant Tel no. for duration of session .....

Name .....

Relationship to child .....

Relevant Tel no. for duration of session .....

### Please indicate how your child will be getting home from the session

- My child may make their own way home
- My child will be collected by me or another adult of whom I will inform the session leader

### Information Required for Snowboard Equipment:

Shoe Size: \_\_\_\_\_

Height: \_\_\_\_\_

**Please read the information below carefully and sign to say that you understand and agree with it. If you are unable to agree to any part of it you should contact the session leader immediately.**

**I confirm** that I am the parent/guardian with rights and responsibilities for the above named child.

**I confirm** that I have received the activity information and details accompanying this form and I understand the nature of the activity and consider my child/ward fit to take part.

The activity has been risk assessed and every effort will be made to minimise risk. Nonetheless a totally risk free environment is unrealistic and **I acknowledge** that a degree of residual risk remains.

**I understand** that Aberdeenshire Council do not provide cover for personal accident, illness, loss or damage incurred by participants. Further, the Council's Third Party Liability policy will not necessarily indemnify participants in the event of a Third Party being injured solely due to the negligence of the participants. The Council's third party liability policy will, however, meet claims from Third Parties arising from the negligence of the council or its employees. Participants wishing to obtain cover for personal accident and Third Party liability are advised to contact an insurance company or broker.

Aberdeenshire Council is committed to ensuring the safety and wellbeing of all children taking part in our sessions. Given on-going public concern on the subject of child abuse, and changes in the law, we are now required to report if we think any child has come to harm as a consequence of possible abuse. Where there is the possibility that a child could be at risk of abuse or neglect, Council employees are required to refer the child to Social Work, the Police or the Reporter, and under these circumstances, the parent would not normally be contacted first.

**I consent** to the submission of the above-named participant to emergency medical or surgical treatment including the administration where necessary, of a local, general, or other anaesthetic.

**I understand** that in terms of the Act of Legal Capacity (Scotland) Act 1991 my child/ward may also consent to their own medical treatment if the doctor attending is of the opinion that they understand the nature and consequences of such treatment.

**I understand** that my child/ward must abide by the code of conduct for participants and I will support the session leader in helping my child to adhere to it. The Code of Conduct will be explained to the children at the first session.

**Photography may be used during the sessions.** Images will be used in publications and on our website to publicise our services or celebrate special events. These may also appear in our printed publications, on our website, intranet, social media i.e. Facebook, twitter and on Plasma screens in various council offices. We may also send them to the news media.

Please tick this box if you **DO CONSENT to** your child being photographed and images used as indicated above

Please tick this box if you **DO NOT** wish your child to be photographed and images used as indicated above

Aberdeenshire Council would like to keep your details on computer to help us market classes in future.

**Please indicate if you do not want us to retain your contact details.**  
The information given will be treated in confidence and held in accordance with the requirements of the Data Protection Act 1998.

*If any of the above information changes then you **must** inform the session leader or submit an updated form*

Signed by (print name) .....

Signature .....

Date .....