

**ISA PARENTAL CONSENT FORM**

**A responsible parent (or guardian) must fill out this consent form before their child is allowed to participate in any swimming or climbing activities at ISA. If you do not wish your child to take part in these activities, please indicate this clearly on this form.**

Child's details

First Name:		Surname:	
Permission	Climbing wall activities    (√ yes or no) YES <input type="checkbox"/> NO <input type="checkbox"/>  Swimming activities    (√ yes or no) YES <input type="checkbox"/> NO <input type="checkbox"/>	School Group and Director's name	
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
	Date of Birth:	<input type="text"/>	

Parent/Guardian's Details (only to be completed if permission is granted)

Emergency contact name:		Emergency phone 1:	
Relationship to child:		Emergency phone 2:	

**Medical information:**

Does your child suffer from any medical condition that might make it more likely that they will be involved in an accident which could cause harm to themselves or others? Please state condition and medication required. (i.e. asthma, epilepsy, diabetes, heart problems, allergies etc.) Answer 'NO' if they have no medical conditions.

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**By giving permission to take part in activities you agree to the following statements:**

- I will instruct my child to notify their group leader or school staff if they feel uncomfortable or unwell whilst taking part in activities (i.e. pain, dizziness or other symptoms).
- I will instruct my child that they are expected to participate and behave safely and in accordance with the rules and guidelines as well as adhering to instruction provided by the school staff.
- I will instruct my child that if they are a non swimmer or a weak swimmer, they will be restricted to the shallow end of the pool.
- I accept that neither the operating company "The International School of Aberdeen" nor its employees shall be liable for any loss or injury arising from participation in any activities. Nothing within the terms of consent shall affect my statutory rights.
- I certify that to the best of my knowledge that my son/daughter does not suffer from any other medical condition other than that listed above.
- I am aware of the dangers involved in climbing and swimming related activities and that there is an element of risk involved.
- I consent to my child undergoing First Aid treatment from a member of staff holding a valid First Aid certificate.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I confirm that the above information is correct and if that any information changes I will notify the school.

Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
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