



Consent Form

This form is **designed to be filled in on screen** and printed out or it can be printed first and completed by hand. **Please staple both pages together.** It is to be signed by a parent/carer, but if the entrant is 18 or over he/she can sign it themselves. It **must** be brought to the event and is only valid for the specific event detailed below.

The **2017 Apex Challenge** takes place from **6-8 October 2017**. It is being held on the **Burbage and Houndkirk Moors** in the **Peak District**. The event centre area is at Whitelow Farm, off the A625 Sheffield to Calver Road at OS grid reference **SK 293815**. The event opens at **6pm** on Friday 6 October and will finish by **3.30pm** on Sunday 8 October.

It may include activities such as rock climbing, abseiling, orienteering through open woodland and open ground, canoeing and an assault course. Some activities will take place in the dark and all will be supervised by suitably qualified and experienced instructors.

I agree to the competitor listed below taking part in this competition and confirm there is no known medical reason why they should not participate in all the activities. I also understand that the Apex Challenge organisers reserve the right to send any participants home if necessary.

PERSONAL DETAILS

This section relates to the Scout or Guide who is taking part in the competition:

Name:		Date of birth:	
Team name:		Home address:	
Unit name:		NHS number:	
Mobile number during event:			

EMERGENCY CONTACT DETAILS

During the Apex Challenge please contact in case of emergency:

Name of first contact:		Name of second contact:	
Address:		Address:	
Relationship to Scout:		Relationship to Scout:	
Telephone(s):		Telephone(s):	

MEDICAL INFORMATION

This section relates to the medical history and current situation of the Scout named above:

Doctor's name:		Tel: (inc. code)	
Doctor's address:			
Infectious conditions the Scout has been in contact with in the 21 days before the Apex Challenge:			
Details of medication required during event: (Please state if the Scout can administer it themselves. Label medication with Scout's name and dosage. Continue on a blank page.)			

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Known allergies:

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Date of last anti-tetanus injection:

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Does he/she suffer from asthma? (Enter YES/NO)

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Please detail any injuries which may either affect the competitor's ability to take part in physical activity, or prevent it entirely.

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SPECIAL REQUIREMENTS

This section relates to other special needs the above named Scout or Guide may have:

The competitor may not eat the following foods for either medical or ideological reasons:

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The competitor has the following other special needs:

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OTHER INDIVIDUAL PERMISSIONS

This section relates to specific activities which require individual permission:

The competitor can swim 50 metres unaided, tread water, and may take part in water-based activities under careful supervision: (Enter YES/NO)

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The event may include an air rifle or pistol shooting activity which will be led by a qualified instructor. I declare that the above named competitor is not subject to restriction by virtue of Section 21 of the Firearms Act 1968 (which applies only to persons who have served a term of imprisonment or youth custody) and give permission for them to take part in such an activity: (Enter YES/NO)

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DECLARATION

In the event of illness or injury requiring medical treatment I give permission for the above named competitor to be treated by the Apex Challenge first aid team and for them to be taken to hospital as deemed appropriate. If this happens I will be notified as soon as possible. If I cannot be contacted by telephone or any other means, I hereby give my general consent to any necessary medical treatment and authorise the Scout leader in charge of the competition, or a delegated member of his team, to sign any document required by the hospital authorities, which may or may not include forms giving permission for a general anaesthetic. I understand that if the above named Scout is over 16 he/she may decide whether to accept any medical treatment offered.

Name:

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Relationship to competitor:

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Signed:
(MUST BE parent or guardian if the named Scout or Guide is under 18)

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Date:

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For more information please visit www.apexchallenge.co.uk

Note: The medical profession takes the view that the parent's consent to medical treatment cannot be delegated. This view is explicit in the Children's Act 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of a parent to a particular treatment has the right to do so. For this reason the organisers of the Apex Challenge cannot insist on parents/guardians signing the statement above. However, it can be a comfort to medical staff to have general consent in advance from parents or to have a Scout leader on hand able to sign forms required by medical authorities.

Some photos and video of those taking part may be used for displays, event promotion, Scout magazines, newsletters, local newspapers and the event website. If you object please write to Apex Challenge, The Old Barn, 11B The Cross, Barwick in Elmet, Leeds, LS15 4JP ensuring the letter arrives before the competition.