



www.theclimbingstation.com
 Tel: (+44) 01509 217 636
 Email: info@theclimbingstation.com



Parental Consent Form

Child's Details Date of birth _____ Age: Years _____

First name		Last name	
------------	--	-----------	--

All details below to be completed by parent/guardian

Name and relationship to child			
Work tel		Home tel	
Mobile		Email	

Emergency Contact Details

Full name		Emergency contact number	
-----------	--	--------------------------	--

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)	
--	--

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	
Other treatment	
His/Her National Health Service Medical Card No (if known):	
His/Her doctor's name and surgery address	
Doctor's telephone numbers	
Any Religious needs	

Parental Consent

I am aware that bouldering and roped climbing 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 rope climbing and bouldering. 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

For Reception Staff: Membership No.....
Receptionist Signature..... Date.....