



MBA Event Consent Form

To Parent, Guardian or Carer,

Anyone under 18, not accompanied by a responsible adult must bring this completed form to take part in the Marine Biological Association's event 'YMB Summit 2017' on the 28th October 2017 between 10.00 and 17.00. The day's activities will take place at the MBA laboratory, Citadel Hill, Plymouth, PL1 2PB.

We are not able to allow any unaccompanied minors to participate unless this consent form is completed and returned. We are happy for guardians, parents or carers to complete the form as long as all information is accurate and signed where appropriate. Please note that the MBA has public liability insurance but does not have personal accident insurance.

If you have any concerns about the activities then please contact:
Eliane Bastos - 01752 426543 / ymb@mba.ac.uk

I wish (name of participant) to be allowed to take part in the above mentioned day(s) and, having read the information provided, agree to them taking part in any of the activities described.

1. I consent to any emergency medical treatment required during the course of the activity and in the event of illness or accident, I authorise the event's organiser to sign on my behalf any written form or consent required by hospital authorities if the delay required obtaining my own signature is considered inadvisable by the hospital concerned.
2. I consent to travelling by any form of public or contracted transport and/or in a motor vehicle driven by MBA staff or volunteer or another qualified driver.
3. I will advise the MBA if any of the details on this form change during the programme ie change of contact details, medical details etc.
4. I confirm that the participant is in good health and I consider them fit to participate. I undertake that they will be adequately dressed and safely equipped and clothed for the activities planned. I accept that they may not be allowed to take part if the event's organiser considers it unsafe.

6. I understand that the MBA has a Child and Vulnerable Adult Protection Policy and will seek to discuss any concerns with me. However, in the unlikely event that the delay in obtaining my consent will pose a threat to my child or vulnerable adult the event leader may act to protect them.

Essential details

Participant's date of birth:

Has the participant had any recent illnesses or been in contact with contagious or infectious diseases in the last few weeks or currently suffering from breathlessness, ear discharge, high blood pressure? If yes, please give details.

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Any relevant information concerning health requiring special attention should be noted below. Including pregnancy, any allergies, medication taken and dosage, disabilities or illnesses including diabetes, asthma, epilepsy, brain or spinal cord or nervous disorder, chest surgery, chest complaints, chronic sinus condition, collapsed lung, ear surgery, fainting, heart disease, ear problems when flying or lung diseases.

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Do they have any specific dietary requirements?

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Do you have any additional comments?

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Name of GP

Telephone number of GP

Signature of parent/guardian/carer

Date.....

Address

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Contact Numbers:

Home

Mobile