



## Duke of Edinburgh Parent and Medical Consent Form

### BADGER ADVENTURES PARENTAL, MEDICAL AND PERMISSION TO PHOTOGRAPH CONSENT FORM

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This form must be completed and signed by the parent or guardian if the participant is under 18 years old or is 18yrs old and still at school, or by the participant if he/she is over 18 years, and returned to the organiser of the event. Please complete this form using block capital letters and deleting as appropriate.

#### **THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

<b>Event:</b>	Duke of Edinburgh Practice and Qualifying Expeditions		
<b>Practise Date from:</b>		<b>Practise Date To:</b>	
<b>Qualifying Date From:</b>		<b>Qualifying Date To:</b>	
<b>Participant's name:</b>		<b>Date of birth:</b>	
		<b>Participants Gender</b>	
<b>Address:</b>			
<b>Postcode:</b>		<b>Participants Email:</b>	
<b>Phone (daytime):</b>		<b>Participants Mobile:</b>	

Previous levels/sections* – please tick which sections/levels you have completed. (Open Qualifying Expeditions only: Please supply evidence with this form, of practise expeditions undertaken)	
Bronze	Silver
<input type="checkbox"/> Completed entire level	<input type="checkbox"/> Completed entire level
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Physical	<input type="checkbox"/> Physical
<input type="checkbox"/> Skills	<input type="checkbox"/> Skills
<input type="checkbox"/> Expedition	<input type="checkbox"/> Expedition

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### Acknowledgement of Risk

Badger Adventures have taken all reasonable steps to ensure the safety of participants during training and the expeditions, however there are certain risks which are integral to the activity.

These are likely to include ( without limitation)

- Walking on rough terrain
- Extended physical activity
- Environmental Hazards ( changeable weather)
- Feeling uncomfortable, tired and upset.

Duke of Edinburgh expeditions must be unaccompanied, self reliant, and completed by the participants own physical efforts with minimal external intervention. Therefore the participants must take their own responsibility for their own safety and will not be directly supervised 100% of the time

**Light Bag Exemption**– If you are applying for an exemption to carry a light bag on your expedition, then please supply paperwork from an expert (eg. Doctor, Physio etc) that states clearly, that the participant is still fit enough to participate in the terrain that the expedition is taking place in, whilst carrying a reduced weight rucksack.

The minimum that the participant will need to carry in the reduced weight rucksack is, 3 season Sleeping bag, Insulation Mat, Waterproof jacket, Waterproof trousers, Fleece, Warm hat, Sunhat, Warm gloves, Sun cream, 2 litres of water, Lunch and snacks and dinner for that evening, personal meds. All these items will make the participant in the group that they are working in self reliant. Please note that the items ( except insulation mat) will need to fit inside a rucksack 40l minimum. ( see kit list for details of items)

### Agreement

I wish to take part in the Duke of Edinburgh's Award training and expeditions provided by Badger Adventures. By signing below, I confirm that I am fit and able to undertake an expedition where I will be walking for at least 8 hours a day in rough terrain whilst carrying all the necessary expedition kit.

I agree to follow the instructions of Badger Adventures staff. I understand that I need to work as part of a team and agree to behave responsibly and to show respect to my fellow participants/instructors/teachers at all times.

I agree that the group kit supplied, (tents, tent poles, and their bags, group first aid kit, group shelter, wild "No.2" kits, Maps, Compasses if supplied) are supplied in a good condition to aid you in your DofE expedition. By signing below, I agree that if the group kit is returned with damage, or not returned at all, at the end of the expedition, then I agree that I/group are liable for the cost of the item(s) Lost or Damaged.

By signing below, I confirm that I have read and understood the content of this document and agree to all terms and conditions

### Consent to enroll from parent or guardian (if applicant is under 18 years old, or are 18 years old and still at school).

I agree to my son / daughter / ward doing a D of E programme, and are physically fit to undergo the programme.

	Print Name	Signature	Date
Parent/guardian:			/ /
I agree to enroll as a participant on a D of E programme. You will be doing your programme using the online eDofE system. This system has a set of terms and conditions that you must agree to. These will be available when you access eDofE.			
Applicant:			/ /

( nb. Both parent/guardian and participants signature are needed please. )



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Medical Treatment Declaration – sign and date below **EITHER** statement a or statement b below.

Please be assured that in the event of medical treatment being necessary the trip leader will try to contact the emergency contact named below BEFORE treatment is administered. This section is for an occasion when urgent treatment is needed and either there is no time to make contact or it proves difficult to make contact.

EITHER: (a) I agree to my child receiving medical treatment including anaesthetic as considered necessary by the medical authorities present. I understand and accept the extent and limitation of the insurance cover provided.

Signature.....

Date.....

OR: (b) I **do not** agree to my child receiving medical treatment without my prior consent.

Signature.....

Date.....

Emergency contact: 1		Relationship to participant:	
Address:			
Postcode:		Email:	
Phone (daytime):		Mobile:	

Emergency contact: 2		Relationship to participant:	
Address:			
Postcode:		Email:	
Phone (daytime):		Mobile:	



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**Dietary requirements:**

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details: .....

If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? Yes No

Is the participant allergic to chlorine (used for water purification)? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

Has the participant received an injury that has not required hospitalisation but has required treatment in the last 18 months that has prevented them from playing sport? (i.e. ankles, knees or ligament injuries) Yes No

If the answer to either of the last three questions is Yes, please give details here (including name and dosage of any medicines/tablets/supports used):

In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I undertake to inform the group leader.

Signed ..... (for participants under 18 years of age)  
*Person with parental responsibility*

Please print name here .....

Signed ..... (for participants aged 18 years or over)  
*Participant*

Date .....

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### Insurance Information

Badger Adventures does not provide cover for personal accident, illness, loss or damage incurred by participants. Further the Company's Third Party liability policy will not necessarily indemnify participants in the event of Third Party being injured solely due to the negligence of the participant. The Company's Third Party Liability policy will, however, meet claims from Third Parties arising from the negligence of the Company or its employees.

I .....the parent / guardian of .....(pupils name) confirm that I have read and understood the statement about insurance.

Signature..... Date.....

### CONSENT FOR PHOTOGRAPHING CHILDREN

Badger Adventures would like permission to take photographs of your child/children. Children's names will not be published. Before taking photographs of your child, we need your permission. Please answer the questions below, then sign and date the form.

May we use your child's photograph in printed publications?	YES / NO
May we use your child's photograph on our website?	YES / NO
May we use your child's photograph on social media sites (e.g. Instagram, facebook/twitter-No names are used just photos of groups)?	YES / NO
May we use your child's photograph in promotional material?	YES / NO

Please remember that websites are looked at by anyone, world-wide.

YOUR NAME ..... (PLEASE PRINT)

ADDRESS .....  
.....  
.....  
.....  
.....

TEL NO ..... .

SIGNED ..... (PARENT / GUARDIAN)

DATE .....

I understand that in the future, should I not want this photograph published, I have the option of contacting Badger Adventures to request, in writing, that the photograph be removed from all photo libraries.