

Student Information Form

Student Consent Form

*(First name and surname)*

OR

As a Parent/Person with legal responsibility for the student:

**(please note this is for students under 18 years old)**

*(Child’s first name and surname)*

I*,*

*(Your first name and surname)*

give my consent for the abovementioned student to participate in Gale Falcongreen Horsemanship & Equine Assisted Therapy as detailed in the written information supplied to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as required. I accept all responsibility for payment of any expenses thus incurred.

I include the completed medical information section (below) to assist.

Signed: Date:

*(Student/Person with legal responsibility)*

Emergency contact and telephone number:

**Medical Information:** (Please note - Where \* is used, please delete as appropriate)

Does the student have any medical condition or disability which may affect participation? Yes/No\* If Yes, please give details:

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Is the student on any prescribed medication(s)? Yes/No\* If Yes, please give details:

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Does the student have any allergies (e.g. insect bites, food)? Yes/No\* If Yes, please give details:

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Is there any other information you would like to give which, in your view, may affect the student’s participation? Yes/No\* If Yes, please give details:

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