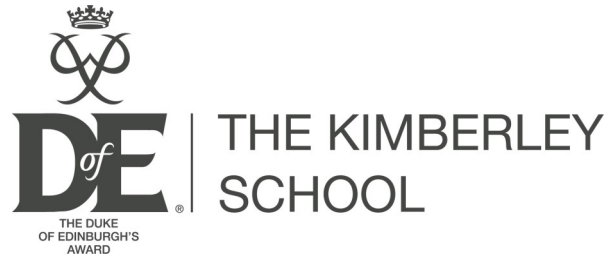


Enrolment and consent form



Duke of Edinburgh's Award:
expeditions and training

Please complete this form carefully,
particularly emergency contact details
for the dates of the expeditions

Participant Details

Name _____

Home address _____

Tel: _____

Email _____

Date of Birth __ / __ / ____

Emergency contact details

Primary contact:

Name _____

Relationship to student _____

Daytime Tel: _____

Evening Tel: _____

Email _____

Second contact:

Name _____

Relationship to student _____

Daytime Tel: _____

Evening Tel: _____

Email _____

Medical information

Would the participant be considered to have a disability? Details _____

Has the participant any of the conditions below, limiting their involvement in the activity? **Please circle**

Infectious disease

Epilepsy

Heart condition

Fainting/diczziness

Asthma

Allergies

Mobility problem

Pregnancy

Please give any relevant medical information, including dietary requirements _____

Details of medical treatment and/or drugs _____

Is the participant allergic to any medication? YES NO Details: _____

Doctors Name/Surgery _____

I consent to my child taking part in the activities outlined in the briefing.

I acknowledge that adventurous activities carry an element of risk and therefore accept the need for my child to behave responsibly, including listening to and following safety instructions.

In the event of an emergency, I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed (legal guardian) _____

Print name _____ Date _____

Declaration from participant:

I agree to enrol as a participant on a DofE programme. I understand that I will be managing my programme using the online eDofE system (preferably using the mobile site). I acknowledge that this system has a set of terms and conditions that I agree to. These terms and conditions are available at www.eDofE.org

Print Name	Signature	Date

Consent to enrol from parent or guardian. Please tick to show you have read each statement.

- ☐ I agree to my son / daughter / ward doing a DofE programme. I note that it is my responsibility to check that any activity my son / daughter / ward undertakes for their DofE programme is appropriately managed and insured, unless the activity is directly managed or organised by the Kimberley School
- ☐ I understand that the expedition will require remote supervision and that there will not be a member of staff with my child at all times but that they will know how to contact a member of staff.
- ☐ I recognise that there is an element of risk associated with all activities and that students must behave appropriately and use their training to stay safe.

Print Name	Signature	Date

Home-School agreement:

All participants must adhere to the same expectations of behaviour as at school; treating others with respect and following all instructions. Much of the expedition training is related to staying safe whilst out walking, therefore is essential that all participants receive and use this training.

A failure to act appropriately may lead to participants not being allowed on expedition, with no refund.

Print Name	Signature	Date
(Participant)		
(Parent/carer)		

Social media:

We sometimes use Instagram/Twitter to promote DofE at The Kimberley School, celebrate the achievement of participants and communicate reminders/ideas. We would like to post, with permission, photographs of the participants and their activities. Please sign below if you consent.

Print Name	Signature	Date
(Participant)		
(Parent/carer)		

Equipment:

We are interested in borrowing the following equipment and understand that there will be a small fee and deposit associated with the loan of the kit to ensure that it is returned in a state where it can be used again.

Please tick the items you intend to loan from school:

- ☐ Trangia stove
- ☐ Tent