

## Overnight stay parent/guardian consent form

School/group \_\_\_\_\_ visit to **Lledr Hall OEC**

From \_\_\_\_\_ to \_\_\_\_\_ (dates inclusive)

I agree to my son/daughter (name) \_\_\_\_\_

date of birth \_\_\_\_\_

taking part in this visit and agree to his/her participation in the activities described.

I acknowledge the need for responsible behaviour on his/her part.

### Medical information

If your son/daughter suffers from any conditions requiring medical treatment, including medication, please give details.

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If your son/daughter has been in contact with, or suffered from any contagious or infectious diseases in the last four weeks, please give details.

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If your son/daughter has any allergies, including medication, please give details.

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Please provide any other relevant medical, behavioural, social or dietary information not mentioned above.

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Has your son/daughter had a tetanus injection in the last five years?

YES / NO

Name of family doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

### Photographs

Lledr Hall occasionally uses photographs in promotional information.  
If you have any objection to your child's photograph being used for this purpose,  
please tick the box.

### Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I confirm that my child is in good health and fit to participate in the activities described.

Signed: \_\_\_\_\_ Parent / guardian

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Alternative emergency contact.

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

This form must be taken by the group leader on the visit. A copy should be retained by the school contact.

## Final booking details form

**Please return this form at least four weeks prior to your visit**

Name of school / group:			
Date of course: from		to	
Group leader :		Telephone:	
Number of pupils / students:	Female		Total
	Male		
Number of accompanying staff / adults:	Female		Total
	Male		
Please provide details of members of your group with any special dietary requirements.	Pupils / students		
	Adults		
Please provide details of any pupils with noteworthy medical requirements or related issues.			
Please provide details of any pupils with noteworthy emotional, behavioural or special needs.			
Please provide details of any other issues regarding your course. Continue on another page if required.			

## Adult Medical Form

Each member of visiting staff or adult group member must complete this form.

The information provided on this form will be treated as **CONFIDENTIAL** and is only used by our teaching staff and appropriate medical staff providing help and support.

<b>Name:</b>		<b>Age:</b>
<b>Address:</b>		
<b>Home Phone:</b>		
<b>Next of kin (1):</b>		<b>Telephone:</b>
<b>Next of kin (2):</b>		<b>Telephone:</b>
<b>Medical conditions or related issues:</b>		
<b>Allergies or related issues:</b>		
<b>Recent injuries or related issues:</b>		
<b>Other issues:</b>		



## Activity Group List

Before you arrive at Lledr Hall please fill in a group list. There is a maximum of 12 pupils in each group and a minimum of 1 school staff per group.

	Group 1	Group 2	Group 3	Group 4 (for groups over 36)
<b>School Staff</b>				
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				

Groups can be split however you want. You may want to mix them up completely or if there are returners you could put them into one group so they can do a different programme. If you would like to do mountain biking it is worth considering whether children can ride bikes so less confident riders can go in one group.

## Party Details Form

Please fill in this form and bring it with you to Lledr Hall.

Group Name \_\_\_\_\_ Course Date \_\_\_\_\_

Total number of adults		Total number of children	
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### Adult's Names

	Male		Female
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

### Children's Names

	Male		Female
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

## Evaluation Form

At Lledr Hall we are committed to providing a high quality, residential, outdoor education experience. To help us keep our standards high please could you take a moment to fill in the form below. Please indicate your level of satisfaction and comment where appropriate.

	1 Very Poor	2 Barely Adequate	3 Adequate	4 Good	5 Very Good	6 Excellent
<b>Pre-course information</b>						
Pre-course information						
Booking procedure						
Comments						

### Domestic services

Quality of the food						
Quantity of the food						
Dormitories						
Staff bedrooms						
Cleanliness of the building						
Friendliness of the ancillary staff						
Tidiness of the centre grounds						
Comments						

### Course content and teaching

Centre teaching staff						
Quality of outdoor equipment						
Organisation and content of the course						
Quality of the outdoor activity sessions						
Comments						

### Evening Provision

Support in the evening & on call system						
Evening activity provision						
Comments						
Are there any other areas for improvement or suggestions for the centre?						