



MEDICAL & CONSENT FORM (All participants - Please use capital letters)

Participant's Full Name:..... School/Organisation:.....

Date of Birth: (Under 18's).....Dates of Visit: From..... To.....

Parent/Guardian Name (Under 18's)..... Please tick box if you are a member of a staff

Address:.....

..... Post Code:.....

Tel. No: (day)..... (eve).....

Emergency Contact Name:..... Emergency Contact No:.....

Doctor's Name:..... Doctor's Tel No:.....

Doctors Address:.....

Personal Information – Please tick relevant boxes. Please complete an Additional Information Form if you /your child has additional/special needs.	
Do you / your child have any special dietary requirements? Yes <input type="checkbox"/> no <input type="checkbox"/> (Residential course only) Please give details (e.g. vegetarian, halal, gluten free, etc.) Please use additional information form for further information	
Do you / your child have a medical condition of which we should be aware of? Yes <input type="checkbox"/> no <input type="checkbox"/> Please give details (e.g. Asthma, diabetes, epilepsy, sensory impairment etc.)	
Are you / your child currently receiving medical treatment or medication? Yes <input type="checkbox"/> no <input type="checkbox"/> If yes please give details	
Have you / your child had surgery or an injury in the past year? Yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please give details. Are you / they fully recovered? yes <input type="checkbox"/> no <input type="checkbox"/>	
Do you / your child have an allergy? yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please give details of type, of severity and medication:	
Have you / your child had a Tetanus injection in the past 5 years? Yes <input type="checkbox"/> no <input type="checkbox"/>	
Is there any other information we need to know (i.e. learning difficulties, emotional issues /trauma, special circumstances, not water confident)?	

I understand that I am /my child is to attend an outdoor activities course and I agree to / him/ her taking part. To the best of my knowledge, I am / my child is in good health. In case of accident or illness whilst away from home. I consent to any emergency medical treatment which is deemed necessary and which may include the use of anaesthetics.

I do not wish photographs of my child to be used in Water Park publicity materials. (please tick box)

Signed:.....

Date:.....

If the participant is under 18, this must be signed by a parent / guardian