



Participant Medical and Consent Form (Under 18)

**Participant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Programme:** \_\_\_\_\_ **Programme Dates:** \_\_\_\_\_

Please complete the below in full. All information will be held in confidence and used to your benefit by ensuring we are prepared for potential problems through prior knowledge. If any information given on this form has changed, please inform us upon arrival.

Please tick 'Yes' or 'No' to all questions, giving as much information as possible.

Do you have or have you ever had a history of the following...	Yes	No	If 'Yes' please give details		
			Non Swimmer	Weak Swimmer (less than 50m)	50m Plus
Heart trouble; high or low blood pressure?					
Asthma; bronchitis; tuberculosis?					
Diabetes; haemophilia?					
Epilepsy; fainting; migraines, severe head injuries?					
Nervous illness; stress, panic attacks etc?					
A history of repeated fractures; tendon or ligament damage, e.g. back, neck, ankles, knees?					
Do you suffer from, or carry an infectious disease?					
Do you have any special dietary requirements?					
Can you swim? (Circle how far)					
Do you have a disability of any kind?					
Are you taking any medication? If so, what is it, and what is it taken for?					
Have you had a recent tetanus booster injection? Please give date if known.					
Are you allergic to anything, e.g. Hay Fever, medicines, foods, nuts etc?					
Do you require an EPIPEN for any reason?					
Are there any foods that you should not eat; for medical, cultural or religious reasons?					
Is there anything else that you feel we should be made aware of?					

### Participant Contact Details

Address	
Tel No.	

### Doctor's Details

Doctor's Name	
Surgery Name	
Tel No.	

### Emergency Contact Details for Next of Kin

Name	
Address	
Tel No. 1	
Tel No. 2	

Name	
Address	
Tel No. 1	
Tel No. 2	

### Disclaimer and Declaration of Consent

As their parent/guardian/carer, I give consent for \_\_\_\_\_ (Participant's name) to attend Govilon Activity Centre and take part in adventurous outdoor activities, in accordance with the planned programme. I understand that outdoor adventurous activities are potentially dangerous. The Centre has an excellent safety record and we strive to maintain this through our management, policies and procedures. In spite of this, accidents can and do happen and Participants (and their parents or guardians) should be aware of this and accept the associated risks.

In the event of a medical emergency, every effort will be made to contact parents/guardians/next of kin as soon as possible. To ensure that people receive treatment quickly, the following declaration is included. If considered necessary by medical authorities, I agree for the Participant to receive:

- a) Emergency medical treatment
- b) Anaesthetics
- c) Blood transfusion

Responsibility for illness or injury occurring whilst at Govilon Activity Centre can only be accepted if caused by negligence on the part of The Centre, its servants or agents. No liability whatsoever is accepted for loss of or damage to property, however caused.

The programme fee doesn't include personal insurance for liability, loss, damage or personal injury. We therefore recommended that you arrange your own insurance cover through your insurer(s).

I have read and understood the disclaimer on this form, and hereby declare that the information I have provided is correct and that nothing has been withheld.

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_