

Medical and Consent Form			
Name of Establishment			
Activity			
Venue Date			

Personal Details of Participant					
			Mobile:		
			Male / Female (delete as appropriate)		
	Post Code:				
			if different from above)		
Contact Numbers – Home:			Work: Mobile:		
Any special dietary requiremen	ts:				
Medical Information					
	nt's Doctor: _				
Telephone Number:		N	IHS Number (if known):		
Has the participant had or have	e any of the	followin	g?		
Asthma or bronchitis	Yes	No	Allergies to any know medication	Yes	No
Heart condition	Yes	No	Other allergies (material, food, animal, plasters) Yes	No
Fits, fainting or blackouts	Yes	No	Other illness, disability or special needs	Yes	No
Severe headaches	Yes	No	Travel sickness or sleepwalking	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No
Is the participant receiving -					
Support and/or treatment for mental health from their counsellor or Doctor?				Yes	No
Medical or surgical treatment of any kind from their Doctor or hospital?			Yes	No	
Has the participant been given specific medical advice to follow in emergencies?			Yes	No	
If the answer to any of	these questic	ons is Ye	es, please give details overleaf (including name ar medicines/tablets)	ıd dosa	ige of any
If it is considered necessary, do	you consen	t to mile	d painkillers (Paracetamol) being administered?	Yes	No
If it is considered necessary, do you consent to hypo-allergenic sun screen being provided?			Yes	No	
Has the participant received va	ccination ag	ainst Te	tanus in the last 10 years?	Yes	No
Consent for the Visit					
I confirm that I have parental r	esponsibility	for			
and I am aware of the insurance insurance.htm. In the event of i	e synopsis at Ilness or acci at of any illne	http://v dent, I c ss or me	te capable of taking part in the activities set out in www3.hants.gov.uk/education/outdoor-education consent to any necessary medical treatment, which edical treatment occurring after the return of this f	<mark>/oe-ho</mark> n might	mepage/oe- include the
			Print name here:		
Signed by person with parenta	l responsibili	ty for p	articipants under 18 years of age.		
		Pr	int name here:		
Signed by participant if aged 19					



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Consent for water sports Where water sports are part of the intended programme, please capability of your child as appropriate:	lease tick one of the boxes below to confirm the water
My child is water competent (I confirm my child can swim 50 metres in a pool or sea)	My child is water comfortable (I confirm my child has been in a pool or the sea and confirm he/she can submerge their head under the water without becoming distressed)
My child is water confident (I confirm my child can swim 25 metres in a pool or sea)	My child is not water comfortable and I do not consent to their involvement in water sports
Any Additional Medical or Special Needs Information	

Note to visit leaders

Photography, video and multimedia consent can be taken by the use of an additional form found on this webpage-http://intranet.hants.gov.uk/corporatecommunications/brand/cc-imagesofpeople/cc-images-consentforms.htm
Consent must be taken if you intend to use images of identifiable young people and adults.

There are several different forms please make sure you choose the correct form for your group – HCC school groups or

Signature: _____ Date:___

HCC non-school groups







