



Medical and Consent Form

Name of Establishment.....
Activity.....
Venue..... Date.....

Personal Details of Participant

First Name: Surname: Mobile:
Date of Birth: Age: Male / Female (delete as appropriate)
Address: Post Code:

Next of Kin - name and address during the activity (if different from above)

Contact Numbers - Home: Work: Mobile:

Any special dietary requirements:

Medical Information

Name and address of participant's Doctor:

Telephone Number: NHS Number (if known):

Has the participant had or have any of the following?

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma or bronchitis, Heart condition, Fits, fainting or blackouts, Severe headaches, Diabetes, Allergies to any know medication, Other allergies (material, food, animal, plasters), Other illness, disability or special needs, Travel sickness or sleepwalking, Regular medication.

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 questions is Yes, please give details overleaf (including name and dosage of any medicines/tablets)

If it is considered necessary, do you consent to mild 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 vaccination against Tetanus in the last 10 years? Yes No

Consent for the Visit

I confirm that I have parental responsibility for

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in the visit information and I am aware of the insurance synopsis at http://www3.hants.gov.uk/education/outdoor-education/oe-homepage/oe-insurance.htm. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics. In the event of any illness or medical treatment occurring after the return of this form and prior to the activity, I will undertake to inform the group leader.

Print name here:

Signed by person with parental responsibility for participants under 18 years of age.

Print name here:

Signed by participant if aged 18yrs and over. Date:

