

MEDICAL & ACTIVITIES CONSENT FORM

Name of Participant _____ DOB _____

Course / Activity Name _____

Home Address _____

_____ Postcode _____

Emergency Contact 1 _____ Relationship to Participant _____

Contact Number 1 _____ Contact Number 2 _____
(Please provide 2 numbers ie work, mobile, home)

Emergency Contact 2 _____ Relationship to Participant _____

Contact Number 1 _____ Contact Number 2 _____
(Please provide 2 numbers ie work, mobile, home)

MEDICAL CONDITIONS

HAS THE PARTICIPANT HAD, OR DO THEY SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)

Asthma / Bronchitis	Yes	No	Allergies to any known medications	Yes	No
Heart condition	Yes	No	Any other allergies eg plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Regular medication	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Other illness or disability	Yes	No

Is the participant currently receiving any medical or surgical treatment of any kind? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

Does the participant have any special needs/disabilities of which we should be aware? Yes No

Has the participant received a tetanus vaccination in the last 10 years? Yes No

IF IT IS CONSIDERED NECESSARY, DO YOU AGREE TO:

1. Do you agree to us providing suncream? Yes No

2. Mild painkillers (eg Paracetamol) being administered? Yes No

3. A blood transfusion being administered by paramedics or doctor? Yes No

4. Do you authorise us to act for the participant according to their best judgement in an emergency situation requiring medical attention and to act in the place of the parents, or if parents cannot be reached, in an accident or other situation demanding an immediate decision? Yes No

5. Does the participant have any special dietary requirements or allergies to any foods? Yes No

If the answer to **ANY** of the previous questions is **YES**, please give details including dietary and dosage of any current medication (Please use a separate sheet if required)

ACTIVITY CONDITIONS

Many of our activities take place in, on and around water. How would you rate the participant's confidence in water?

- | | | |
|---|-----|----|
| The participant can swim at least 50m and is water confident? | Yes | No |
| The participant is water confident and can swim, but I am not sure how far? | Yes | No |
| The participant is a non swimmer and is not confident in the water? | Yes | No |

Activities involve some or all of; bending, lifting, balancing, jumping, falling, climbing, stretching, coordination and swimming. In case of doubt please consult your GP before booking and let us know any issues the participant may have.

PHOTOGRAPHY AND MARKETING

- | | | |
|--|-----|----|
| We occasionally take photographs of participants. Do you agree that we may use anonymous images of the participant for publicity purposes including our website, brochures and social media? | Yes | No |
|--|-----|----|

CONFIRMATION AND CONSENT

- | | | |
|---|-----|----|
| I confirm that as the participant, or as the person with parental responsibility for the participant I consider myself/them (Delete as appropriate) fit to participate in the activities at Rockley | Yes | No |
| I accept that, by their nature, adventurous activities may involve some level of risk which cannot be fully eliminated and I consent to myself/the participant taking part in all activities | Yes | No |
| In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics | Yes | No |

Signed _____ **Date** _____
(by participant of over 18 years or by the person with parental responsibility if under 18 years)

Print Name _____ **Relationship to participant** _____
(if under 18 years)