



CONSENT & MEDICAL FORM

CONTACT DETAILS:

Participant Name: _____

School Name: _____

Address: _____

Tel No: _____

Emergency Contact: _____

Address: _____

Tel No: _____

MEDICAL INFORMATION

To run this event successfully it is important to know of any condition/special needs which need to be met. Please complete this section as fully as possible. Please continue overleaf if required.

If there are any medical conditions or recurring complaints which the event leader should be aware of, e.g. Travel sickness, Diabetes, Asthma, Epilepsy etc?

Yes/No* If Yes please give details:

Does the participant have any faith or cultural needs e.g. Dress, Diet, Holy Days, toilet arrangements?

Yes/No* If Yes please give details:

Does the participant have any Special Educational Needs?

Yes/No* If Yes please give details:

DECLARATION (by parent/guardian if under 18)

If water activities are included can he/she swim 50 metres and keep afloat for five minutes in appropriate clothes? A buoyancy aid may be worn.

Yes/No*

Signed: _____

I give/do not give* permission for photographs taken at this event to be used in publicity for Girlguiding Anglia and/or Hautbois in print/on guiding websites*. Individuals will not be identified on websites

* Please delete as applicable

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I accept that there is an inherent risk of injury in participation of adventurous activities. Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written Risk Assessments are available on request from the school/organisation.

- **I am/he is/she is fit to participate in the visit and programme
- Under the Data Protection Act, I authorise Hautbois Activity Centre to retain this information on this form for the duration of the visit.

Signature:

(by **participant/parent/guardian if under 18)

Date: _____

Name of **participant/parent/guardian: _____