

The Duke Of Edinburgh's Award  
**OFF-SITE MEDICAL AND CONSENT FORM**

This form must be completed and signed by the parent or guardian if the participant is under 18 years old, and by the participant if they are over 18 years old.

Please complete this form using capital letters and deleting as appropriate.

Participant's name \_\_\_\_\_ Date of Birth / /

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone number \_\_\_\_\_

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Contact(s) for next of kin **during period of visit / expedition:**

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

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Please give details on any medical conditions - e.g. diabetes, epilepsy etc. or allergies.

\_\_\_\_\_  
\_\_\_\_\_

Please give details of any current medical treatment, including medication.

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

Details on any special dietary requirements: \_\_\_\_\_

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Can the participant swim?      Not at all.      Less than 50 metres      More than 50 metres

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I acknowledge receipt of, and understand, the information regarding the proposed walk and orienteering event in Maldon on the evenings of 8 and 29 March 2017, camping on 22-23 April 2016 in King Edward VI Scout Park Riffhams and camping on 10-11 June 2017 at Forest Camping, Rendlesham Forest.

And consent to \_\_\_\_\_ participating.

I have ensured that **he / she / I** understand(s) that it is important for **his / her / my** safety and for the safety of the group that any rules and instructions given by staff are obeyed.

I undertake to inform the Leader of any changes in the health of **the participant / myself** prior to the date of departure.

I am in agreement that those in charge may give permission for **my son / my daughter / me** to receive medical treatment in an emergency.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if appropriate \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant (if applicable) \_\_\_\_\_