

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 _____

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

Name _____ Address _____

_____ Telephone number _____

Name _____ Address _____

_____ Telephone number _____

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: _____

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

I consent to _____ participating.

I have ensured that **he / she** understand(s) that it is important for **his / her** 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** prior to the date of departure.

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

Signature of Parent/Guardian if appropriate _____ Date _____

Relationship to participant (if applicable) _____