



**CONFIDENTIAL UNDER 18'S
MEDICAL QUESTIONNAIRE
AND ACTIVITIES CONSENT FORM**



Name of Participant **Date of Birth**
School / group / course name **Date(s) of Visit**
Home Address
 **Post Code**

Name of next of kin
Emergency contact no Home Work Mobile
Next of kin's contact address (if different to above).....
 **Post Code**
Name of Participant's Doctor **Doctor's telephone no.**
Participant's Doctor's address
 **Post Code**
Participants NHS No.

1 MEDICAL CONDITIONS – Has the participant had or do they suffer from any of the following?(please circle)

Asthma or bronchitis	YES	NO	Allergies to any known medication	YES	NO
Heart condition	YES	NO	Any other allergies e.g. food, 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 receiving 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 of which we should be aware? YES NO

If the answer to any of the above questions is YES, please give details overleaf (including dosage of any medicines/tablets)

Has the participant received vaccination against Tetanus in the last 10 years? YES NO

If it is considered necessary , do you agree to:

i. Mild painkillers (e.g. Paracetamol) being administered? YES NO
 ii. Hypo-allergenic sun screen being provided? YES NO

2 PHYSICAL FITNESS - Activities involve some or all of bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. In case of doubt consult your Doctor before booking.

3 ACTIVITY SPECIFIC - Many of our activities take place in and around the water; how would you rate your child's confidence in the water? (see more detailed notes in booking conditions)

- a. My child can swim 50m and is water confident YES NO
- b. My child is water confident and can swim, but I'm not sure how far YES NO
- c. My child is a non-swimmer and/or may not be confident in the water YES NO

For courses involving air rifle target shooting, I confirm that my child can participate YES NO
 Is s/he prohibited from air rifle shooting by section 21 of the Firearms Act 1968? YES NO

4 SUPPLEMENTARY INFORMATION

Please add any further information and any further information which will help us ensure your child has a positive experience. In particular, does your child have any special needs of which we should be aware?

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5 PHOTOGRAPHY & MARKETING – Runways End Outdoor Centre occasionally takes photographs of participants; may we use images of your son/daughter for publicity purposes including our website and social media? YES NO

Would you like to be added to our mailing list for Runways End Outdoor Centre brochures and publicity YES NO

Email address.....
(We do not share our mailing lists)

6 CONFIRMATION AND CONSENT

I confirm that I have parental responsibility for the participant and that I consider him/her fit to participate in the activities at Runways End Outdoor Centre and I consent to him/her taking part.


In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics.

I accept the Booking Conditions which I have received with this form.

If any illness or medical treatment occurs after the return of this form and prior to the activity, I undertake to inform the party leader/booking office in writing.

Signed (Person with parental responsibility)

Print Name..... Date.....

 Data Protection Act 1998. The above information will be used only to discharge our duty of care and will then be retained securely in accordance with the Act. "PROTECT" when completed.