



PAAC – MEDICAL CONSENT FORM

Section 1. Centre User Details

First Name:	Surname:	Age:
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Section 2. Medical, Disability and Other Health Data

We ask for medical and health data so we can make any necessary adjustments to our activities and so we have vital information to hand in case of an incident.

We only process this data with your specific consent. Medical consent forms are kept for a period of 2 months after the activity, or for users of the Bouldering walls, for a period of one year. **You may withdraw your consent at any time.**

The full Centre User Privacy Policy is attached to the Booking form or found on our website or in reception.

No Health or Medical Details to Declare Please tick this box if you have no Health or Medical details to declare.

	Tick ALL that apply	Further Details
Medical conditions	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
other	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	
Disabilities		
Visually impaired	<input type="checkbox"/>	
Hearing impaired	<input type="checkbox"/>	
Limited mobility	<input type="checkbox"/>	
Specific Learning disability	<input type="checkbox"/>	
other	<input type="checkbox"/>	
Tetanus shot up to date	<input type="checkbox"/>	

Details of any medication that you or the person named in section 1 carry with them for relief of conditions in section 2;

**If needed please attached a second information sheet.*

If completing this form for yourself and you are named in Section 1 above, please sign below:

I consent to the information listed above to be processed by the Trust for the specific purpose detailed in section 2.

First name:	Last name:
Signature:	Date:

If completing this form for a child (under 18) or vulnerable adult, please fill in your details below.

First name:	Last name:	Date:
<i>I certify that I have parental or delegated parental responsibility for the child or vulnerable adult named in section 1.</i>		
Signature:	Relationship to participant:	