

**CONFIDENTIAL UNDER 18
MEDICAL QUESTIONNAIRE
AND ACTIVITIES CONSENT FORM
CALSHOT 2026**



Droxford Junior School
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Privacy Notice

For details of Droxford Junior School GDPR Policy, please refer to the Schools Website:

<https://www.droxfordjunior.co.uk/page/?title=UK+General+Data+Protection+Regulations+%28UK+GDPR%29&pid=19>

Name of participant Date of birth

School / group / course name Date(s) of visit

Home address

.....

..... Postcode

Name of next of kin.....

Emergency contact no Home Work.....

Mobile..... Next of kin's contact address (if different to above)

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..... Postcode.....

Name of participant's doctor Doctor's telephone no.....

Participant's doctor's address

..... Postcode.....

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 (food, plasters, animal, material)	YES	NO
Fits, fainting or blackouts	YES	NO	Other illness or disability	YES	NO
Severe headaches	YES	NO	Travel sickness or sleepwalking	YES	NO
Diabetes	YES	NO	Regular medication	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

Support or treatment for mental health from their counsellor or doctor YES NO

If the answer to any of the above questions is YES, please give details overleaf (including dosage of 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 CONSENT

Many of our activities take place in and around the water. How would you rate your child's confidence in the water? Please tick one of the following:

- a. My child can swim 50m and is water confident ☐
b. My child can swim 25m and is water confident ☐
c. My child is water confident and can swim, but I'm not sure how far ☐
d. My child is a non-swimmer and/or may not be confident in the water ☐

For courses involving air rifle target shooting, please tick to confirm that your child is not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968 ☐

4 SUPPLEMENTARY INFORMATION

Please add 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 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 **Hampshire Outdoor Centres**.

I accept that, by their nature, adventure activities may involve some level of risk which cannot be fully eliminated and I consent to my child taking part.

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

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.....

