

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

Name of participant Date of birth

School / group / course nameDate(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).....

..... 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 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? Please tick one of the following:

a. My child can swim 50m and is water confident

b. My child is water confident and can swim, but I'm not sure how far

c. 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

Please continue overleaf.

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?

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

5 PHOTOGRAPHY & MARKETING Hampshire Outdoor Centres occasionally take 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 to receive Hampshire Outdoor Centres 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 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.....

The information that you have provided will only be used in connection with your visit to Hampshire Outdoor Centres. It will only be retained for as long as it is needed to ensure the safety of those attending and for the investigation and reporting of incidents. It will be securely disposed of afterwards in accordance with the Data Protection Act 1998. 