CONFIDENTIAL MEDICAL QUESTIONNAIRE AND ACTIVITIES CONSENT FORM

Schools should replace this section with their own privacy notice and data protection information, along with any other details required by their organisation. Schools can add their own logo at the top right of this page.

Name of Participant ..... Date of Birth .....

Schools/Group/Course Name ..... Date(s) of Visit .....

Home Address .....

..... Postcode .....

Name of Next of kin .....

Emergency Telephone No. Home ..... Work ..... Mobile .....

Next of Kin's Contact Address (if different to above) .....

..... Postcode .....

Name of Participant's Doctor ..... Doctor's Telephone No. .....

Doctor's Address .....

..... Postcode .....

1. Medical Conditions - Has the participant had, or do they suffer from any of the following?

Please tick as appropriate			
Asthma or Bronchitis		Allergies to Any Known Medication	
Heart Condition		Any other Allergies (Food, Plasters, Animal, Material)	
Fits, Fainting or Blackouts		Other Illness or Disability	
Severe Headaches		Travel Sickness or Sleepwalking	
Diabetes		Regular Medication	
Is the participant receiving medical or surgical treatment of any kind?			
Has the participant been given specific medical advice to follow in emergencies?			
Does the participant have any special needs of which we should be aware?			
Support or treatment for mental health from their counsellor or doctor			

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?	
If it is considered necessary , do you agree to:	
Mild painkillers (e.g. Paracetamol) being administered?	
Hypo-allergenic sun screen being provided?	

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 the participants confidence in the water? **Please tick one of the following as appropriate.**	
I/my child can swim and is water confident (including submerging head without becoming distressed)	
I / 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

If there's anything we should know, such as special requirements or overnight care needs, please let us know. This helps us plan ahead and ensure you or your child has positive experience. We kindly ask that this form is completed at least one week before your visit.

Special Dietary Requirements: .....

5. Confirmation and Consent

I consider mysef to be fit and able to participate in the activities or 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 taking part or to my child taking part.

I understand that if I or my child undertake activities away from our centres, relevant medical summary information will be held by the supervising staff member in either electronic or paper format for the duration of the offsite activity.

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), or

Signed ..... (participant, if aged 18 or over)

Print name ..... Date .....