

# Tile Barn Visit – Medical Form – Must be complete by Tuesday 9<sup>th</sup> July 2019

**Privacy Notice**

The school / group should ensure the questionnaire and consent form includes a privacy notice setting out the information required under UK Data Protection Legislation.

**Name of participant** ..... Date of birth .....

School / group / course name .....Bolder Academy..... Date(s) of visit: Wed 10<sup>th</sup> and Thur 11<sup>th</sup> July 2019

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 (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.

**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**

Name of organisation occasionally take photographs of participants. May we use images of your son/daughter for publicity purposes including our website and social media? YES NO

**6 MARKETING**

Please tick this box if you consent to receive news, event information and offers from name of organisation via email. Your details will only be used for this purpose. If you agree to join our mailing list, you can unsubscribe at any time using the 'Manage my subscriptions' or 'Unsubscribe' links contained in our newsletters.

**7 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.....