

Course Ref/School/group/Junior Club Name:

Name of Participant _____

Date of Birth _____

Name of next of kin/guardian _____

Next of kin's contact address during the activity

Emergency contact telephone no: _____ Mobile no. _____

Name & Address of Participant's Doctor

Doctors telephone no. _____ Participants NHS No. _____

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 GP before booking.

Has the participant had any of the following?

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	Other illness or disability	YES	NO
Severe headaches	YES	NO	Travel sickness	YES	NO
Diabetes	YES	NO	Regular medication	YES	NO

If the answer to any of the above questions is YES, please give details overleaf.

If it is considered necessary, do you agree to mild painkillers (eg Paracetamol) being administered?	YES	NO
Has the participant received vaccination against Tetanus in the last 10 years?	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 last three questions is YES, please give details overleaf (including dosage of any medicines/tablets)

Calshot Activities Centre occasionally takes photographs of participants, may we use images of your son/daughter for publicity purposes including our website? YES NO

I confirm that I have parental responsibility for the participant and that he/she can swim 50m in light clothing (courses with water activity).

I consider him/her fit to participate in the course.

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

I accept the Booking conditions which I have received with this form.

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) Date _____



Data Protection Act 1998. The above information will be used only to discharge our duty of care and will then be retained securely in accordance with the Act. It will also be used to process the booking and for our mailing list. If you do not wish to receive mailings, please tick here.