

**CONFIDENTIAL *ADULT*
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 Have you had or do you 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	Any other illness or disability	YES	NO

Are you receiving medical or surgical treatment of any kind? YES NO

Have you been given specific medical advice to follow in emergencies? YES NO

Do you 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)

Have you received vaccination against Tetanus in the last 10 years? YES NO

2 PHYSICAL FITNESS Activities involve some or all of; bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. If in any 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 confidence in the water? Please tick one of the following:

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

Please continue overleaf.

4 SUPPLEMENTARY INFORMATION

Please add any further information which will help us ensure you have a positive experience. In particular, do you have any special needs of which we should be aware?

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5 PHOTOGRAPHY & MARKETING Cobnor Activities Centre Trust occasionally take photographs of participants. May we use images of you for publicity purposes including our website and social media?

YES NO

Would you like to be added to our mailing list for E-brochures and publicity

YES NO

Email address.....

We do not share our mailing lists.

6 CONFIRMATION AND CONSENT

I have received full details of the event and I am satisfied with the arrangements, I consider myself to be fit and able to participate in the activities at Cobnor Activities Centre Trust (CACT).

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. To help with safety I understand all participants are expected to behave in a responsible manner and at all times must take direction from member of CACT staff and follow all instructions or guidance given.

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. Any other information that may affect my safety or the safety of a participant or any other persons and /or the organisation of the event has been provided to Cobnor Activities Centre Trust.

Participants signature

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

The information that you have provided will only be used in connection with your visit to Cobnor Activities Centre Trust. 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. The data will not be disclosed to any external sources other than in an emergency, or to the Adventure Activities Licensing Authority (AALA) , without your written consent