INFINITE OUTDOORS LTD

MEDICAL and CONSENT FORM

Please give information as fully as possible. Information is for leaders who are responsible for safety and will be held for this purpose only, under the requirements of the Data Protection Act 1998. Please return this form to the organiser.

Contact Details

Participant……………………………… Contact number(s)…………………………………………………………….

Address……………………………………………………………………………. Postcode………………………

Date of Birth ………………………………………………………………………….

Emergency Contacts Name (e.g. parent / next of kin) …………………………………………………………..

Contact number(s)……………………………………………………………………………………………………

Medical Information

Please give details of disabilities/special needs……………………………………………………………………

………

Recent injuries or illnesses e.g. back strain, influenza……………………….……………………………………………:

………

Medical conditions and medication e.g. asthma, epilepsy, diabetes, allergies (e.g. penicillin)………………………

……………………………………………………………………………………………...

G.P (Name, Address, Contact number)………………………………………………………………………………

………

Dietary needs (if relevant)……………………………………………………………………………………………

Please give any other information which you feel is relevant on the back of this sheet

Consent

By signing this you are confirming that you accept the terms and conditions of the outlined programme and that climbing and mountaineering is an activity with a danger of personal injury or death.
'The BMC recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions'.

I have been given an outline programme and information relating to safety on the trip and I wish (my son / daughter) to take part. I understand that whilst safety precautions are taken throughout the programme; Outdoor and Adventurous Activities by their nature are not risk free.

I consent to emergency medical treatment (for my son / daughter) should it be deemed necessary by a qualified medical practitioner. Please delete if you object

During the course we may take photographs to be used as marketing material. Please delete if you object

I declare that the information on this form is correct to the best of my knowledge and that if any changes occur before activities, I will inform the organisers.

Signed ………………………………………………………(Participant / Parent)   Date: …………………………