



**CONFIDENTIAL ADULT  
MEDICAL QUESTIONNAIRE  
AND ACTIVITIES CONSENT FORM**



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

School / group / course name ..... **Date(s) of visit** .....

Home address .....

.....**Postcode** .....

**Name of next of kin** .....

Emergency contact numbers Home ..... Work ..... Mobile .....

Next of kin's address (if different to above) .....

.....**Postcode** .....

Name of participant's doctor ..... **Telephone no.** .....

Surgery address .....

**1 MEDICAL CONDITIONS Have you had, or do you suffer from, any of the following :**

|                           | YES   | NO    |   | YES   | NO    |
|---------------------------|-------|-------|---|-------|-------|
| Asthma or bronchitis      | ..... | ..... | Allergies to any known medication       | ..... | ..... |
| Heart condition           | ..... | ..... | Any other allergies e.g. food, plasters | ..... | ..... |
| Fits, fainting, blackouts | ..... | ..... | Regular medication                      | ..... | ..... |
| Severe headaches          | ..... | ..... | Travel sickness                         | ..... | ..... |
| Diabetes                  | ..... | ..... | Any other illness or disability         | ..... | ..... |

Are you receiving medical or surgical treatment of any kind? .....

Have you been given specific medical advice to follow in emergencies? .....

Do you have any special needs of which we should be aware? .....

**If the answer to any of the above is YES, please give details overleaf (including dosage of any medicines/tablets)**

**YES      NO**

Have you received vaccination against Tetanus in the last 10 years? .....

**2 PHYSICAL FITNESS** Activities involve some, or all of, the following:

Bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming.

If in any doubt, consult your doctor.

**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 50 metres 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 to ensure you have a positive experience. In particular, do you have any special needs of which we should be aware?

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.....  
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.....  
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**5 PHOTOGRAPHS & MARKETING** Cobnor Activities Centre Trust occasionally takes 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?

.....      .....

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 members 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.

Participant's 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.*