

**CONFIDENTIAL UNDER 18  
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 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 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	Other illness or disability	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 above questions is YES, please give details overleaf (including dosage of any 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, Calpol, Wasp eze ) being administered? YES NO

ii. 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.

**3 ACTIVITY SPECIFIC** Many of our activities take place in and around the water. How would you rate your child's confidence in the water? Please tick one of the following:

- a. My child can swim 50m and is water confident
- b. My child is water confident and can swim, but I'm not sure how far
- c. My child is 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 your child has a positive experience. In particular, does your child 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 your son/daughter for publicity purposes including our website and social media? YES NO

Would you like to be added to our mailing list to receive Cobnor Activities Centre Trusts social media, brochures and publicity? YES NO

Email address.....

We do not share our mailing lists.

**6 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 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 my child taking part. To help with safety 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.

Signed ..... (person with parental responsibility)

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*