



**CONFIDENTIAL UNDER 18**  
**MEDICAL QUESTIONNAIRE & CONSENT FORM FOR THE**  
**HIRE OF KAYAKS FOR RAFTED CANOES**

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

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

Age at the time of the course .....

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 - Has the participant had, or do they 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	.....	.....

Is the participant receiving medical or surgical treatment of any kind? .....

Has the participant been given specific medical advice to follow in emergencies? .....

Does the participant 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**

Has the participant received vaccination against Tetanus in the last 10 years? **YES / NO**

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

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 50 metres and I am water confident .....
- b. My child is water confident and can swim, but I am 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 to ensure you have a positive experience. E.g. do you have any special needs of which we should be aware?

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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 your son/daughter 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 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, I understand all participants are expected to behave in a responsible manner and always must take direction from members of CACT staff and follow all instructions, or guidance, given.

I accept paddlesport is an “assumed risk-water sports activity” and there are prerequisites for taking part in the activity such as competence required, level of fitness and swimming ability. I confirm I have relevant paddling experience, can paddle forwards effectively over the distance of my hire, and can rescue myself/members of my group. I am aware of the associated risks with the activity offered e.g. cold, physical effort, possibilities of capsizing, low risk of entrapment, risks associated with medical conditions and drowning.

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.*