## **High Adventure Medical Consent Form**



Name:		
<b>Details of any illness or o</b> (including asthma, diabetes	disabilities: s, migraines, severe period pains, travel sicknes	ss etc)
<b>Details of any allergies o</b> (including vegetarian or veg	or dietary requirements:  gan diet, nut or dairy produce allergies)	
<b>Details of any medication</b> (including dosage required in charge of Health & Safet	n currently being taken or likely to be need & frequency of doses – note that any medication (y)	<b>ded:</b> on must be handed in to the member of staff
	tact with infectious or contagious disease orm the member of staff in charge of Health &	
Swimming ability: How fa	ar can you/your child swim unassisted?	
Date of last tetanus injec	ction:	
Next of Kin: Name: Address:	Relationship to Student/Young Perso	on:
Telephone Number:	Mobile Number:	
	y child to receive emergency treatment from a medical authorities consulted.	a doctor as considered necessary by the staff
conduct & responsible beha able to participate in all participation in the visit will	e part in the High Adventure programme of a aviour on my part/by my child. I declare that the activities. I will ensure that any chan- l be notified to High Adventure prior to the acti etting dirty & wet & with a complete change of	I am/my child is in good health & physically iges in the circumstances which will effect ivity. I will ensure that I/my child will attended.
place great emphasis on sa Adventurous Activity Licens levels of risk are reduced to management in real situation	please look at the website for further informate fety throughout our programmes by employing sing Authority guidelines). However the activities tolerable levels in line with current best practions is an inherent part of the educational ethose risk when signing consent forms. It is now law set be licensed.	g qualified and experienced instructors (to es we teach can be hazardous and though ice, participants must accept that risk s of the centre. Parents and guardians must
	overed by professional indemnity insurance, all lired) for personal accident, personal possessio	
Signed:		Date:
Name (in block capitals (parent or carer)	i):	