

Grosvenor Hall

Medical Form

2019

Participation Conditions and Consent Form		
<p>Outdoor and adventurous activities, like most things in life, are not completely risk free. Whilst your child's safety is our 1st priority and we minimise the risks associated with each activity, it should be understood and accepted that some things are beyond our control and that bruises, bumps and scrapes occasionally happen.</p> <p>All course participants should be physically able to undertake the activity in question. Please notify us of any possibly relevant conditions in the space below and consult with your child's doctor prior to the trip should you have any concerns.</p> <p>All participants must comply with the instructions given by the Centre Staff. Participants in watersports should be confident in water. Weak/non swimmers may still be able to participate in waterbased activities but only with prior notification.</p> <p>Photographs may be taken during each activity for use in our publicity unless you expressly state you do not want this.</p>		
<p>Please state any medical, dietary or other conditions that may be relevant in any way:-</p>		
<p>Please detail any medication, allergies, heart and breathing conditions, etc. Please use additional paper if required.</p>		
Emergency Contact (next of kin)	Name	Telephone Number(s)
Participant's Address		
Mobile Telephone	Work Telephone	Home Telephone
Name, Address & Telephone Number of GP:		
<p>I confirm that I have read, understood and agree to abide by the conditions as stated. I also state that I/ the participant am/ is physically fit to take part in the activities; confident in water (water activities only) and willing to comply with all safety regulations.</p> <p>I consent to the participant receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.</p>		
Name of Participant:		Date of Birth:
Signed parent/guardian if under 18:		Date:
Full Name (please print):		
Group:		Date of visit: