

**CONFIDENTIAL UNDER 18  
MEDICAL QUESTIONNAIRE  
AND ACTIVITIES CONSENT FORM**



**Privacy Notice**

The school / group should ensure the questionnaire and consent form includes a privacy notice setting out the information required under UK Data Protection Legislation.

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 (food, plasters, animal, material)	YES	NO
Fits, fainting or blackouts	YES	NO	Other illness or disability	YES	NO
Severe headaches	YES	NO	Travel sickness or sleepwalking	YES	NO
Diabetes	YES	NO	Regular medication	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
Support or treatment for mental health from their counsellor or doctor	YES	NO

**If the answer to any of the above questions is YES, please give details overleaf (including dosage of 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) being administered?	YES	NO
ii. Hypo-allergenic 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 CONSENT**

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 can swim 25m and is water confident
- c. My child is water confident and can swim, but I'm not sure how far (Can submerge head without becoming distressed)
- d. My child is a non-swimmer and/or may not be confident in the water

For courses involving air rifle target shooting, please tick to confirm that your child is not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968

