

**CONFIDENTIAL ADULT MEDICAL QUESTIONNAIRE
& ACTIVITY CONSENT FORM**

Name of participant: **Date of birth:**
School / group / course name **Date(s) of activity:**
Home address:
 **Postcode**

Name of next of kin:
Emergency contact nos: Home Mobile
Relationship to participant:.....

Name of participant's doctor: **Doctor's telephone no:**.....

1. MEDICAL CONDITIONS: Have you had or do you suffer from any of the following? (Please cross out/delete the incorrect answer)

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	Regular medication	YES	NO
Diabetes	YES	NO			

Are you receiving medical or surgical treatment of any kind? YES NO
 Have you been given specific medical advice to follow in emergencies? YES NO
 Do you have any additional needs of which we should be aware? YES NO

If the answer to any of the above questions is YES, please give details in section 2.

Have you received vaccination against Tetanus in the last 10 years? YES NO

2. SUPPLEMENTARY INFORMATION:

Please add any further medical information which will help us ensure you have a positive experience. In particular, do you have any additional needs of which we should be aware?

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3. ARE YOU WATER CONFIDENT YES NO

PLEASE NOTE: If you have been prescribed an asthma inhaler or Adrenaline Auto-Injector (Epipen) your instructor will ask to see these items which **MUST** be carried (either by yourself or the instructor) on an adventure activity. We cannot take persons on an activity session who fail to bring these items.

4. PHOTOGRAPHY & MARKETING: Andy and Helen can take photographs of participants and groups during outdoor activities.

Do you agree to photos being taken during your activity? YES NO

Are you happy that a Dropbox link is emailed to the organiser/staff member to allow in-group sharing of relevant photos? YES NO

Occasionally we use selected photos on our website or Facebook page or in our information folder for guests. Do you agree to the use of your photos for this purpose? YES NO

Here at Hardraw Old School Bunkhouse we take your privacy seriously and will only use your personal information to administer your booking and to provide the services you have requested from us. We do not share your personal details with 3rd parties for marketing purposes. However, we may wish to contact you with details of outdoor activities/courses we provide. Please tick to say how you would like us to contact you. (If no boxes are ticked, no further information will be sent to you):

Email Telephone Text message

Email address:.....

5. CONFIRMATION & CONSENT

I will ensure that I am fully prepared for my activity day, bringing appropriate clothing and footwear for the activities and the prevailing weather conditions, plus a full change of clothes and any medication I may need.

I understand that certain elements of participation in outdoor activities will involve physically challenging activities. I consider myself to be able to participate in the activities booked.

I accept that, by their nature, adventure activities may involve some level of risk which cannot be fully eliminated and that accidents and injury may occur and I consent to taking part.

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 Hardraw Old School Bunkhouse.

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that neither HOSB, nor individual instructional staff, will be liable for any direct or indirect loss, damage or injury arising from, or in connection with, the activities (except for injury caused by instructor negligence) and I waive all and any claims against HOSB and instructional staff in this respect.

I have carefully read, and understood, the above and, in signing below, I agree to these terms.

Participant's signature

Print name.....Date.....