

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

If **under eighteen** this form must be read and signed by a parent or guardian of the participating young person on their behalf. It is the responsibility of the parent/guardian to ensure that the young person is aware of the risks involved in participating in adventurous activities, and that they understand the importance of the terms listed in section 5.

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: Has the participant had, or 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 | | | |
| 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 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.

Has the participant 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 your child has a positive experience. In particular, does your child have any additional needs of which we should be aware?

.....

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 |

3. ACTIVITY SPECIFIC CONSENT:

Some 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

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 if required.

- Do you agree to photos being taken of your son/daughter during the activity session/s? 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 son’s/daughter’s photos for this purpose? YES NO

5. CONFIRMATION AND CONSENT:

I confirm that I have parental responsibility for the participant and that I consider him/her 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 my child taking part.

I agree that, whilst on an activity, my child must listen carefully to and abide by all instructions and rules given to him/her by instructional staff. I understand that failure to do so may result in an accident.

I agree that he/she must wear all safety equipment provided in the manner demonstrated by instructors.

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.

In the unlikely event of an accident, or loss or damage to my child’s 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.

Signed (person with parental responsibility)

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

The information you have provided will only be used in connection with your outdoor activities booked through Hardraw Old School Bunkhouse to ensure the safety of those attending and for the investigation and reporting of incidents. It will be retained for a period of 7 years in a secure folder and then disposed of in accordance with the GDPR 2018.