

**NORTH YORKSHIRE OUTDOOR EDUCATION SERVICE
MEDICAL & PERSONAL INFORMATION FORM (18+)**

INFORMATION FOR PARTICIPANTS

Please complete the information below and sign the declaration. The personal and medical information requested is to ensure that the Service can provide a proper duty of care for you.

PERSONAL DETAILS

Surname:		School / Group:	
Forename:		Course Date:	
Address:		Date of Birth:	
		Contact Person in case of an Emergency :	
		Name:	
		Relationship:	
Postcode:		Home Tel no:	
		Other Contact no:	

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Tel. Number: _____
Address: _____

If you have had a medical condition of any type please discuss with your family doctor and inform your school/group leader before completing the form. Medical conditions would not normally exclude you from participating in the course. It is important that you are accompanied by any medication necessary and that we are made aware of this. Please make sure that you have enough medication with you.

A FEW QUESTIONS

Please Tick

Yes No

Have you had any serious illness in the last two months ?

Are you recovering from an accident, injury or broken limb ?

Do you have: Epilepsy, convulsions or absencing ?

Diabetes mellitus ?

Asthma ?

Heart Disease ?

Do you have a long term illness or disability?

Do you have any allergies ?

Are you on any medication ?

If the answer to any of these questions is Yes, or there is any other relevant information we will need, please give details here:

TETANUS

Yes No

Have you been inoculated against Tetanus ?

Date of last injection if known

GENERAL FITNESS

Yes No

Do you consider yourself to be medically fit now ?

MEDICAL TREATMENT DURING THE COURSE

With your consent the Centre staff will provide treatment for minor ailments with "off the shelf" products from a chemist. The following items are available: Sun cream, Paracetamol, witchhazel, Strepsils, calamine lotion, adhesive plasters, insect bite antihistamine. **Please indicate if you are willing to be treated with any of these. Delete any that you do not give permission for.**

Yes No

DIETARY INFORMATION

Please give details of any individual dietary needs (eg vegetarian)

SWIMMING ABILITY

It is not necessary for participants on a course to be able to swim, but for some activities they may need to be water confident. Please indicate which category you fall into:

Swimmer	
Non-swimmer but water confident	
Not water confident	

ALTERNATIVE EMERGENCY CONTACT NUMBERS

In the event of an emergency we will make every effort to contact your first emergency contact person. To assist us further please give the name, address and phone numbers of an alternative emergency contact should we not be able to, for whatever reason, contact the first person.

Name		Home	
Address		Mobile	
		Work	

DECLARATION

I consent to attending the course provided by North Yorkshire Outdoor Education Service. I have received information about the programme and fully understand the nature of the course and agree to participation in all the activities described. I understand that the activities may change due to weather or other safety considerations.

The information I have provided in this form is accurate at this time and I agree to inform the group organiser and the relevant Centre as soon as possible of any changes between now and the start of the course.

I agree to receiving medication as instructed above, and to receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

NAME OF PARTICIPANT _____

SIGNATURE _____ DATE _____

CONSENT TO USE IMAGES OR PHOTOGRAPHS

North Yorkshire Outdoor Education Service use still and video images both for coaching / teaching purposes and for the purpose of producing printed information, displays, presentations, exhibitions, and promotional material (as literature, website, DVD and CD). Collections of images may be provided for groups at the end of their course as a memento. Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to the participant. Such images will **NOT** identify any participant by name unless specific permission is sought at the time and no record of names will be kept with any stored images unless specific permission has been sought.

We would be very grateful for your consent to use such images. We take the issue of personal safety very seriously and are selective in images which we use and keep – but a cheerful, smiling face enjoying an activity is preferable to an unidentifiable person hidden behind a hood!

I have read the note above and I give consent for North Yorkshire Outdoor Education Service to take, store, and use images of myself for the purposes described.

SIGNATURE _____ DATE _____

This form must be signed by the participant and returned to the group organiser who will send a copy to the relevant Centre at least two weeks before the visit