

# LLAMFF

## MEDICAL / PARENTAL CONSENT FORM

This form must be fully completed by participant, parent or guardian before undertaking any activities.

Disclosure of any medical condition does not necessarily mean that you will be excluded from any activities.

Failure to complete this form will exclude the participant from taking part.

Full Name of Participant:.....

Age:..... Date of Birth:...../...../..... Sex:.....

Date of participation:.....

### Medical Information:

#### 1. Medical conditions, allergies or disabilities (Please list below)

\*Please make staff aware if you have any medical conditions that require medication.

**Are you comfortable in water?** (Participants will be wearing buoyancy aids)

**Yes / No** (Please circle)

**DECLARATION**

**Participation in adventurous activities entails some risk of injury. The Outdoor Partnerships staff are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risk of injury. However participants accept that accidents and injury may occur.**

**CONTACT TELEPHONE NUMBERS:**

Next of kin:.....  
Work:..... Home:..... Mobile:.....  
Home address:.....  
.....  
.....post code.....

**Alternative emergency contact:**

Name:.....  
Work:..... Home:..... Mobile:.....  
Home  
address:.....  
.....  
.....post code.....

Name of family doctor:..... Tel.....  
Address:.....  
.....  
.....post code.....

**SIGNED:.....DATE:...../...../.....**  
.

**FULL NAME (capitals) .....**

**Participants or Parent/Guardian signature if participant is under 18.**

**This form must be given to member of staff from the Outdoor Partnership on the day of the activity.**