

Medical and Consent Form

This form must be completed and signed by the Parent or Guardian if the Participant is under 18 years old or by the Participant if they are 18 years old or over.

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| Personal Details | | | |
| Name: |  | | |
| Address: |  | | |
| Telephone  Number (Home) |  | | |
| Mobile Phone  Number: |  | | |
| Date of Birth: |  | Gender: |  |

|  |  |
| --- | --- |
| Emergency Contact Details | |
| Main Contact Name: |  |
| Contact Number(s) |  |
| Alternative Contact Name: |  |
| Alternative Contact Number(s) |  |
| Address of  Emergency  Contact…  (if different to  above address) |  |



Peat Rigg Outdoor Training Centre,

Cropton, Pickering. North Yorkshire.

YO18 8EX

Tel: 01751 417112

[www.peatrigg.org](http://www.peatrigg.org)

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| Medical Details  Please fill this in as accurately as possible, adding any further notes on the back or a separate piece of paper, we do not refuse admission to our activities on medical grounds, though may contact you to seek further information if we feel this will help us safeguard a participant’s wellbeing. | |
| Details of any past or  present Major or Minor  Medical Conditions:  (e.g. Diabetes, Epilepsy) If you’re not sure, put it down anyway please. |  |
| Please give details of any current or recent medical treatment, including  medication & behaviour  control: |  |
| Please note any allergies: |  |
| Date of last tetanus injection: |  |

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| Acceptance of Terms and Conditions  (Please read the following 3 points carefully before signing this form and returning it.) |
| 1. I accept that the activities can be dangerous and although members will be supervised by Peat Rigg staff who undertake to mitigate the risk to participants some residual risk remains.  2. I / the participant is fully aware of their responsibility regarding standards of behaviour and that they must respect the authority of the leaders in charge and any rules as set.  3. I undertake to inform the leader of any changes in the health of the participant prior to the date of activity. I agree that those in charge may give permission for me / the participant to receive medical treatment in an emergency. |

|  |  |  |
| --- | --- | --- |
| I hereby confirm that I have read and agree with points 1 – 3 as listed above.  All information supplied is correct at the date of signature. | | |
| Signature of  Participant: |  | Date: |
| Parent or  Guardian’s  Signature: |  | Date: |
| Relationship to Participant: | | |



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