



Medical Information & Treatment Consent Form (over 18)

Please fill in the information requested below

Your Details

Name..... Date of Birth..... Male/female (please delete)

Address.....

.....

.....

Your Contact Details

Home..... Work..... Mobile..... Email.....

In the event of an emergency please contact the following person -

Next of Kin

Their Contact Number During Your Stay

Their Address During Your Visit -

.....

.....

Their relationship to you (e.g. Mother, Father etc).....

Do you have any medical condition that could affect you on your course/trip? (Please ensure you include asthma, diabetes, epilepsy etc)

Yes/No (please delete)

If you answered yes - please provide details (include any special dietary requirements) -

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Have you had any recent injury or illness that may cause you discomfort or hinder your participation on your chosen course/trip?

Yes/No (please delete)

If yes please give details

Are you on any medication? Yes/No (please delete)

If yes - please give details

Do you have any special requirements that we can assist you with during your stay (please include any dietary, religious or physical disability needs in this section)

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Please enter any other relevant information you wish to tell us on the reverse of this form.

I acknowledge that I have provided all the information requested and any other medical/injury information that may effect my participation in the chosen event and/or activities

Signed Date