

**CONFIDENTIAL ADULT MEDICAL QUESTIONNAIRE
& ACTIVITIES INFORMED CONSENT FORM**

By completing this form you are confirming your booking and paying all non-refundable fees

Name of participant Date of birth

School / group / course name Date(s) of visit

Home address

.....Postcode

Name of next of kin

Emergency contact numbers Home Work Mobile

Next of kin's address (if different to above)

.....Postcode

Name of participant's doctor Telephone no.

Surgery address

1 MEDICAL CONDITIONS Have you had, or do you suffer from, any of the following :

	YES	NO		YES	NO
Asthma or bronchitis	Allergies to any known medication	.....	.....
Heart condition	Any other allergies e.g. food, plasters	.....	.....
Fits, fainting, blackouts	Regular medication	.....	.....
Severe headaches	Travel sickness	.....	.....
Diabetes	Any other illness or disability	.....	.....

Are you receiving medical or surgical treatment of any kind?

Have you been given specific medical advice to follow in emergencies?

Do you have any special needs of which we should be aware?

If the answer to any of the above is YES, please give details overleaf (including dosage of any medicines/tablets)

	YES	NO
Have you received vaccination against Tetanus in the last 10 years?

2 PHYSICAL FITNESS Activities involve some, or all of, the following:

Bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming.
If in any doubt, consult your doctor.

3 ACTIVITY SPECIFIC Many of our activities take place in and around the water. How would you rate your confidence in the water? Please tick ONE of the following:

- a. I can swim 50 metres and I am water confident
- b. I am water confident and can swim, but I'm not sure how far
- c. I am a non-swimmer and/or may not be confident in the water

Please continue overleaf.....

4 SUPPLEMENTARY INFORMATION

Please add any further information which will help us to ensure you have a positive experience. In particular, do you have any special needs of which we should be aware?

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5 PHOTOGRAPHS & MARKETING NAYC/ACUK occasionally takes photographs of participants. May we use images of you for publicity purposes, including our website and social media?

YES **NO**

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Would you like to be contacted regarding offers or promotions from NAYC/ACUK?

Email address

We do not share our mailing lists.

6 CONFIRMATION AND CONSENT

I have received full details of the event and I am satisfied with the arrangements. I consider myself to be fit and able to participate in the activities at Action Centres UK Ltd (ACUK) centres.

I accept that, by their nature, adventure activities may involve some level of risk, which cannot be fully eliminated, and in extreme cases there is a danger of serious injury or death. I am aware of the risk and understand the nature of the activities I will take part in and I consent to taking part. To help with safety, I understand all participants are expected to behave in a responsible manner and at all times must take direction from members of ACUK staff and follow all instructions, or guidance, given.

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/booking office in writing. Any other information that may affect my safety, or the safety of a participant, or any other persons and/or the organisation of the event, has been provided.

Participant's signature

Print Name Date

We will only use your personal data to the extent that the law allows us to do so. The data will not be disclosed to any external sources, other than in an emergency. We will only retain your personal data for as long as is necessary for the purposes for which we are processing it. For more information see our Privacy Policy on our website.

Pioneer

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A facility of the Northamptonshire Association of Youth Clubs