

**CONFIDENTIAL UNDER 18 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 ..... **Age** .....

Date(s) of visit .....

Home address .....

.....Postcode .....

**Name of next of kin** .....

Emergency contact numbers .....

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

.....Postcode .....

Name of participant's doctor ..... Telephone no. ....

Surgery address .....

**1 MEDICAL CONDITIONS Has the participant had, or do they 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	.....	.....

Is the participant receiving medical or surgical treatment of any kind? .....

Has the participant been given specific medical advice to follow in emergencies? .....

Does the participant 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)**

Has the participant received vaccination against Tetanus in the last 10 years? YES NO  
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If it is considered necessary, do you agree to:

Mild painkillers (e.g. Paracetamol, Calpol, Waspeze) being administered? YES NO  
.....

Sunscreen being provided? YES NO  
.....

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

Bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. In case of doubt, consult your doctor before booking.

Please provide any further relevant information regarding physical fitness here:

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\*You agree to update this form immediately should your child's medical condition or emergency contact details change

### 3 ACTIVITY SPECIFIC

Please tick ONE of the following:

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

### 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 OFFSITE ADVENTURE CLIMBING

Offsite climbing may require the use of a company or private vehicles, including minibus, to travel to the climbing venue. Please tick if you provide consent for offsite climbing (where applicable) .....

### 6 PHOTOGRAPHS & MARKETING

NAYC/ACUK occasionally takes photographs of participants. May we use images of your son/daughter for publicity purposes, including our website and social media? **YES** **NO**

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

Email address .....

We do not share our mailing lists. Would you like to be added to our Pioneer Activity Days Facebook group? Please provide your Facebook Name

### 7 CONFIRMATION AND INFORMED CONSENT

I confirm that I have parental responsibility for the participant and that I consider him/her fit to participate in the activities by Action Centres UK Ltd (ACUK) centres. I am aware that there is a Child Protection Policy in place and will abide by it, and that ACUK is committed to ensuring the safety of my child.

I accept that, by their nature, all *adventure activities* may involve some level of risk, which cannot be fully eliminated, and in extreme cases there is a danger of serious personal injury or death. I am aware of the risk and have understood the nature of the activity and consent to my child in taking part. To ensure safety, I understand my child is expected to behave in a responsible manner at all times, and must be able to 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 my child should require hospital treatment, I hereby authorise a qualified medical practitioner to provide emergency treatment and/or medication.

I confirm that all details are correct and I have provided all the information required for the safe instruction of my child and that I am able to give parental/guardian consent for my child to participate in all activities.

Signed .....(Person with parental responsibility)

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, or to the Adventure Activities Licensing Authority (AALA). 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