

Activity Team West Berkshire Off-site Activity Medical and Consent Form (OHA4)

Full Name of Establishment/Project:		IMPORTANT The parent or guardian must complete this form if the participant is under 18 years of age and/or by the participant if he/she is over 18 years of age
Participant's Details		
Name:	Email Address:	Data Protection Act 1998: Your details will be kept within the records of Activity Team West Berkshire. We will keep your details to inform you of any subsequent trips/activities that we feel may be of interest to you. We may contact you from time to time, but we WILL NOT pass your details on to any other organisation. You can have your details removed at any time by contacting us. During the course of the trip/activity there may be times when photographs are taken of young people for publicity reasons. If you do not wish photographs to be taken of the person named above or publicity sent to you of our courses please tick this box: <input type="checkbox"/>
Address:	Telephone No. (incl. STD):	
Post code:	Date of Birth:	
	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Next of Kin Details		
Name:	Telephone Nos. (incl. STD)	Details of last tetanus injection: OR Have you had one in the last 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to Participant:	Home No.:	
Address:	Work No:	
Post code: Email:	Mobile No:	
Participant's Medical Details		
Doctor's Details		Please give details of any special dietary requirements or dislikes:
Name:	Postcode:	
Address:	Telephone No. (incl. STD):	
Do you consider that you have a disability? (please circle as required) None Dyslexia/Learning Difficulties Blind/Partially sighted Deaf/Hard of hearing Wheelchair use/Mobility problems Need personal care or assistance Mental health difficulties Unseen disabilities e.g. diabetes, allergies, epilepsy, asthma or heart condition or other disability not listed above (please state):	Please give details of any current medical treatment including medication:	
Equal Opportunities		
To which of these groups do you consider you belong? (Please tick one box) White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> Other		
Statement		
I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITY		
TO: AND CONSENT TO:		
PARTICIPATING. I have ensured that my child/I understand(s) the information below and for his/her/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the leader of any changes in the fitness of the participant/myself prior to the date of departure. I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.		
Signed:..... Parent/Guardian/Participant		Date:...../...../.....
I understand that for the groups and my own safety, I will undertake to obey the rules and instructions of members of staff.		
Signature of Participant:.....		Date:...../...../.....

PLEASE RETURN THIS FORM TO THE TRIP LEADER AT THE ESTABLISHMENT Version 2.0 – Apr 2015

