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# ARDROY OUTDOOR CENTRE

Consent Form/Medical Information

## BOOKING FORM/MEDICAL INFORMATION

To be completed by all participants. (Please use block capitals)

(To be completed by organising staff)

1. Organisation. ....
- Title of Group. **SUMMER OUTDOOR ACTIVITIES** .....
3. Activity .....
4. Date(s) .....

### PERSONAL DETAILS OF THE PARTICIPANT

5. Participant's Full Name .....
6. Date of Birth .....
7. Emergency Contact/Next of Kin Mr /Mrs/Ms.....
- Address .....
- .....
- Tel. Home(STD).....Tel. Business(STD).....
- Mobile No..... Network Provider .....

### MEDICAL DATA

8. Are you allergic to any medication/substance? YES  NO
- If YES, please indicate allergy.....
- .....
9. Are you currently undertaking medication? YES  NO
- If YES, please detail medication, dosage and frequency if it can be self administered .....
- .....
- .....

**MEDICAL DATA CONTINUED**

10. Name of Doctor .....  
Surgery Address .....  
Telephone Contact (STD) .....

11. Have you received a Tetanus injection in the last 5 years? YES  NO

12. Do you suffer from any medical or special needs condition which may affect ability to participate in the excursion/activity? YES  NO

Photographs may be taken of participants on the activities for use, possibly for marketing. If you have any objections to this please contact the Centre in writing

**Please note that weather or other circumstances beyond our control may prevent us from delivering activities as programmed. If you have any doubt about the weather, please contact us before heading out. We will of course offer an alternative activity.**

13. Acknowledgement/Consent

I acknowledge that there is a degree of risk in all adventurous activities. I understand that the risk of major injury will be kept to an absolute minimum by Ardroy’s experienced and qualified staff.

I consent to participation in the Activity and am medically fit to do so.

I acknowledge Ardroy is covered by Public Liability Insurance.

I agree to receive emergency medical/surgical/dental treatment as considered necessary by the medical authorities present.

NAME (adult)..... NAME (child).....

SIGNED..... SIGNED.....

DATE..... DATE.....

**NOTE:** This form must be countersigned by a parent/carer if the participant is less than 16 years old.

**PARENT/CARER** ..... **SIGNED**.....

**DATE** .....

Please tick

How did you find out about Ardroy’s Summer Outdoor Activity course:-

- Drimsynie Website
- Ardroy Website
- Posters
- Drimsynie Welcome Pack
- Other  .....