

Freax Medical Information & Consent Form (Under 18's)

Participants Name: Date of Activity/Residential:
Address: Mobile:
D.O.B.:

Medication Details

Do you suffer from any condition that requires medical treatment, including medication? If yes, please give brief details below:

Please remember it is vitally important that you bring any prescribed medication that you would normally take with you on the visit.

Are you allergic to any medication? If yes, please give details

Have you received a Tetanus injection within the last five years? Yes No

If for any reason you are unsure please answer NO

Dietary Details

If relevant please tell us about any special dietary requirements (i.e. vegetarian, gluten free, nut allergy, religious restrictions)

Special Needs

Please tell us about any special needs or disability.

Declaration

It is important that you are aware that outdoor activities carry a risk of danger or personal injury to those who get involved. Though the staff of Freax will take all reasonable steps to reduce this risk we cannot remove it completely. Therefore, participants in these activities should be aware of and accept the risks and be responsible for their own actions and involvement. This is particularly so during the use of artificial climbing walls as we accept no responsibility whatsoever for any loss or injury resulting from any involvement in this activity.

I agree to my child taking part in this activity and I will inform the organiser prior to the visit in the event of any changes to the medical information I have given. I agree to my child receiving emergency medical treatment, including anaesthetic (*except any listed above as being allergic to*), as considered necessary by the medical authorities present. I acknowledge the need for obedient and responsible behaviour from my child and I understand that if this is not shown my child may be excluded from participating in some or all of the activities.

I am happy for appropriate photographs and film to be taken of my child during the activities and used for Freax publicity if required, including web applications. (*You can ask to see any photos/film before they are used*).

Signed Parent / Carer Date
Print Name (Please delete as appropriate)

In case of emergencies please contact (next of kin):

Name:
Home:
Work:
Mobile:

If unobtainable, please contact:

Name:
Relationship to you / your child (i.e. Grandparent)

Home:
Mobile: