



TEESOUTDOORS MEDICAL & CONSENT FORM

Please complete this form in full. All details will be kept by us and treated in the strictest confidence, unless legally demanded, they will only be passed to emergency services in the event of an incident demanding medical treatment. Adults (18+) may complete this form in their own name.

Teesoutdoors places safety and welfare at the top of our priority list. Outdoor Adventure activity by its very nature involves some risk linked to being in a natural environment, and consequently minor injury, bumps, bruises, strains, strains, scrapes etc can occur. To minimise the risks of serious injury Teesoutdoors evaluates and manages hazards, uses experienced qualified staff, gives clear safety briefings to all involved, ensures all equipment is fit for purpose and checks that the activity is appropriate for the participants. We also need to be aware of any health or medical issues that each participant may have, which is why we ask that this form is completed.

The form expresses our expectation that each participant will act responsibly, co-operate with tutors and follow instructions, whilst also making tutors aware of any issues that occur during the activity, this includes giving a full and honest response to this questionnaire

Participants NAME

DATE OF BIRTH

Address

Post Code

Names of Parent / Guardian / next of kin

Contact telephone number

(daytime)

(evening)

(mobile)

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Contact address (if different from above) while child is away & or

If we cannot get you, who is another responsible adult to be contacted in an emergency

Name

Relationship to Child

Address

Telephone number

DOCTOR'S NAME

Surgery

cont.....

Please give details of any medical condition that affects you, or your son / daughter. (e.g. **asthma, diabetes, allergies**) including information about recent infections, operations or injuries. If your child is under treatment for any condition, please give details and state dosage. Please also state if your child has an inhaler.

HAS YOUR CHILD BEEN VACCINATED AGAINST TETANUS? YES / NO

Do you or DOES YOUR CHILD HAVE:

SPECIFIC DIETARY NEEDS (Religious / Medical)? YES / NO

If yes please detail.....

DRUG ALLERGIES? YES / NO

If yes please detail

ARE THERE ANY ACTIVITIES IN WHICH YOUR CHILD MAY NOT PARTICIPATE? YES / NO

If yes please state activity and reason

ANY OTHER ISSUES (eg nosebleeds / bedwetting / sleepwalking etc)? YES / NO

If yes please detail

WHAT IS YOUR CHILD'S SWIMMING ABILITY (eg strong / weak / cannot swim)?

- ✓ I confirm that I have given full details of my / my child's medical condition.
- ✓ I consent to (my child) taking part in activities, led by Teesoutdoors staff or appointed leaders.
- ✓ They will take part at their own risk, and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence
- ✓ I agree to (my child) travelling by minibus, or other transport as deemed fit by the activity leader.
- ✓ I agree to photographs of my child being taken and used for the purpose of recording the visit or activity and for promoting future activity.
- ✓ I agree to authorise members of staff during the course of the visit to approve such medical treatment for my child as is deemed necessary in an emergency.

SIGNED..... (PARENT/GUARDIAN)

NAME

DATED.....

(Please note this form must be completed otherwise your child will not be eligible for the visit)

TEESOUTDOORS, 105 St Germain's Lane, Marske By the Sea, Redcar Cleveland TS11 7EL

www.teesoutdoors.co.uk