

# MEDICAL FORM

Marwell Activity Centre - 01962 777547

## Organiser

This participant medical form helps you and Marwell Activity Centre plan a safe and enjoyable programme. All information on this form will be kept confidential between you, Marwell Activity Centre and its sub-contractors.

This form should be used to record the participant's health and the proposed activity. The participants being introduced to Marwell Activity Centre are going to take part in tasks which require a reasonable degree of physical fitness. Any participant who does not give sufficient information about their state of health or who undertakes a task they are not fit to undertake, waives any rights they may have against Marwell Activity Centre. We draw your attention to the fact that some of the activities are hazardous and that accidents can occur, such examples are climbing, high ropes, assault course, quad bikes and paint ball.

Whereas we take the best care of our clients with the knowledge that we have, of both client and activities under the instruction of qualified instructors, there is always a possibility of accidents occurring. Please duplicate this form where necessary.

**Group Name**..... **Date**.....

**Side 1: Child Form**

**Side 2: Adult Form (18+)**

## Side 1 - Child Medical Form

Please duplicate for all participants

Please note: All day campers must bring packed lunches

Name of Child..... D.O.B..... Tel.....

Emergency Contact Name, Address and Tel. No.....

.....

.....

.....

**Medical Information:** Please complete the medical form for all children.

Dietary Requirements (if applicable).....

Does your child suffer from any medical condition we should be aware of and is medication being taken?..... Yes/No

If yes, please give details:

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Do you give consent for your child to receive emergency treatment if necessary?.....Yes/No

Name of Parent/Guardian.....Date.....

Address.....

.....

Signature.....

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## Side 2 - Adult Medical Form

Please duplicate for all participants

Name..... D.O.B..... Tel.....

Emergency Contact Name, Address and Tel. No. ....

Email Address.....

Emergency Contact Name, Address and Tel. No.....

**Medical Information:** Please complete the Medical Information Form. This information will be kept confidential between you, Marwell Activity Centre and its sub-contractors. Failure to disclose information truthfully will waive all claims against Marwell Activity Centre.

Have you ever had any of the following? Please indicate those which apply and give details.

Asthma/Respiratory Concerns	Yes/No	Diabetes	Yes/No
Heart Problems	Yes/No	Seizures	Yes/No
Hypertension	Yes/No	Orthopaedic Concerns	Yes/No
Have you ever experienced Agoraphobia, Claustrophobia or Vertigo			Yes/No

If yes to any items indicated above, please explain:.....

State any dietary requirements (if applicable)?.....

Do you have any drug allergies? Yes/No

If yes, please state:.....

Are you allergic to insect bites/stings? Yes/No

Are you currently taking any medication? Yes/No

Name of medication and purpose:.....

Are or could you be pregnant? Yes/No

Any complications:.....

Do you have any physical difficulties we need to be made aware of? Yes/No

Please explain:.....

Do you take regular physical exercise? Yes/No

Are you the correct weight for your age and height? (Estimation) Yes/No

Are you aware of any other physical, emotional or medical conditions that may effect your participation? Yes/No

Please explain:.....

Do you give consent to receive emergency treatment if necessary? Yes/No

Signed ..... Date .....