

MARWELL ACTIVITY CENTRE CHILD MEDICAL FORM (- 18)

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 (I.e. some examples are climbing, high ropes, assault course, quad bikes, paintball).

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.....

Please duplicate for all participants

PLEASE NOTE ALL DAY CAMPERS MUST BRING PACK LUNCHES

Name of child.....D.O.B.....Tel.....

Emergency contact name, address and tel. no
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Has your child been sentenced to imprisonment, custody, preventative detention or corrective training for a term of three months or more? YES / 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.....
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Signature.....