



# Medical Declaration Form

It is important that I am aware of anything that may cause you or any other participant difficulty on the course or any long term conditions which may affect you. They might not necessarily be a bar to participation but I can accommodate your needs better if I am informed.

PLEASE BRING A COPY OF THIS TO THE COURSE – DO NOT POST. Blanks will be available on the course  
If you are in any doubt whatsoever about your ability to take part in adventure activities you should consult a doctor. This form is confidential; copies are kept for 3 years.

Name:	DOB:
Address:	
Phone:	
Email:	
Course Attending:	Dates:

Have you any history of or are you currently affected by any disability or illness which may limit your ability on the course? Such as (please circle):

Infectious diseases	Attack of fainting and dizziness
Epilepsy	Heart condition
Asthma	Knee or ankle problems
Stress/depression	Back problems

Any other relevant recent or long term problem you may be currently experiencing difficulties with:

Are you affected by a disability which we need to consider? Please give details.

Any other relevant medical problems? Please give details (alternatively this can be discussed in private with your instructor but please indicate this).

In an emergency whom should we contact?

Name:

Emergency telephone contact number:

Relationship:

By signing the below I accept my liabilities to abide by health and safety policies and declare that I am fit and well to participate.

Signature: Date:  
(Parent or guardian if U18)

