



**Medical Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relations to Participant: \_\_\_\_\_

Emergency Contact Tel No: \_\_\_\_\_ Mob: \_\_\_\_\_

Does the individual suffer from any medical condition? \_\_\_\_\_

Please give details of any current medical treatment? \_\_\_\_\_

Has the individual been vaccinated against tetanus in the past 3 years? Y / N \_\_\_\_\_

Please give details of any allergies: \_\_\_\_\_

Please give details of anything that could prevent the individual from participating in an outdoor activity? \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Telephone No: \_\_\_\_\_

Please tell us about any special dietary requirements? (e.g. Vegetarian, nut allergy) \_\_\_\_\_

**I CAN / CANNOT SWIM** (for information only, it is not a necessity and buoyance aids will be provided)

**I DO / DO NOT** agree to Carrowmena taking photographs as a means of promoting their business through displays, presentation, social networking sites and website.

**Acceptance of Responsibility**

We supply qualified staff and specialist equipment, but all outdoor activities contain inherent risks. I agree and understand that I participate entirely at my own risk and I declare I have no medical/physical conditions that would preclude me from taking part. I consent to any emergency medical treatment necessary in the event of an accident

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Parent/Guardian Permission**  
Participants under the age of 18 years must have signed consent from a parent/guardian (sign below)

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

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