

Bendrigg Trust – Group Medical & Consent form

It is important that we receive completed forms at least 2 weeks prior to arrival

Group or course name	Arrival date
Please tick this box if you are a member of staff or carer <input type="checkbox"/>	

1) Information – To be completed by everyone

Name Address Postcode	Male/Female
	Date of Birth
	Age
	Phone
	Mobile
<p style="text-align: center;"><u>Emergency contact details</u></p> Name Address Post Code Daytime phone Evening phone	<p style="text-align: center;"><u>Doctor's details</u></p> Name Address Telephone

2) Details of any disabilities

Relevant details of any physical disabilities:			
Relevant details of any learning disabilities:			
Please tick the appropriate box regarding walking ability and wheelchair use			
Walk independently		Walk with assistance	
Occasional wheelchair use		Full-time wheelchair use – can transfer unaided	
Wheelchair use – need help to transfer		Wheelchair use – cannot transfer	
Under 50kg (8st)	50 – 85kg (8 – 14st)	Over 85kg (14st)	

3. Personal Information – To be completed by everyone	Yes	No
Do you have an allergy?		
If yes, please give details of severity:		
Have you any special dietary requirements?		
Give details (eg vegetarian, gluten free)		
Do you have a medical condition of which we should be aware?		
Give details (eg Asthma, Diabetes):		
Are you currently receiving medical treatment or medication?		
If yes, please give details:		
Have you had surgery or an injury in the past year?		
If yes, please give details:		
Do you suffer from Epilepsy?		
Details of severity and frequency:		
Have you had a Tetanus injection in the past 5 years?		
Details of swimming ability/water confidence:		
Is there any other information we need to know?		
Please give details:		

4. Consent to be signed by the participant	
Photograph permissions: I agree to any photographs, taken during my stay at Bendrigg, being used for publicity purposes.	
Signed:	Date:
I understand that during the period of my stay at Bendrigg, I will be taking part in the centre's activities. If I am taken ill or injured to the extent that some medication or surgery is required, I authorise the leader of the group or a member of Bendrigg staff to sign on my behalf any form of consent which may be required.	
Signed:	Date:
If you are under 18, this must also be signed by a parent or guardian.	
Signed:	Date: