

# BT5: Medical & Consent Form

**It is important that we receive completed forms at least 4 weeks prior to arrival**

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

## **1. Personal Information – To be completed by everyone**

Name  Full Address	Male/Female
	Date of Birth
	Age
	Weight
	Phone

## **2. Emergency Information – To be completed by everyone**

<u>Emergency contact details</u>	<u>Doctor's details</u>
Name	Name
Full Address	Address
Relationship to person named above	
Daytime phone	
Evening phone	Telephone

## **3. Details of any disabilities**

No Disability  (go to Q4 overleaf)

Do you have:

A physical disability	<input type="checkbox"/>	A learning disability	<input type="checkbox"/>	A sensory impairment	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	No Disability (go to Q3)	<input type="checkbox"/>

Is your disability:

Stable	<input type="checkbox"/>	Degenerative	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
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Please give relevant details of any disabilities identified above:

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Please tick the appropriate box regarding walking ability and wheelchair use:

Walk independently	<input type="checkbox"/>	Walk with assistance	<input type="checkbox"/>
Occasional wheelchair use	<input type="checkbox"/>	Full-time wheelchair use – can transfer unaided	<input type="checkbox"/>
Wheelchair use – need help to transfer	<input type="checkbox"/>	Wheelchair use – cannot transfer	<input type="checkbox"/>
Powerchair use – can transfer to manual for activities	<input type="checkbox"/>	Powerchair use – cannot transfer	<input type="checkbox"/>

If you have a personal profile, behaviour plan or EHCP please consider attaching relevant information with this form

Please Turn Over

<b>3. Personal Information – To be completed by everyone</b>	<b>Yes</b>	<b>No</b>
Do you have an allergy?		
If yes, please give details of severity:		
Have you any specific dietary requirements or food allergies (inc. nuts, citrus fruits etc.)?		
If yes, please give details. We are able to cater for gluten and dairy-free, vegetarian, vegan, halal and other medical diets (e.g. blended/mashed) if notified in advance. If you receive food products on prescription we would appreciate it if you could bring this with you.		
Do you have a medical condition of which we should be aware?		
If yes, please give details e.g. Asthma, Diabetes and include any medication required (if applicable):		
Do you have Epilepsy?		
If yes, please give details of severity and frequency:		
Have you had surgery or an injury in the past year?		
If yes, please give details:		
Have you had a Tetanus injection in the past 5 years?		
Are you a confident swimmer?		
Are you classified as clinically vulnerable?		
Have you had the Coronavirus vaccine?		
If yes, please give dates of doses:		
Can you: a) socially distance?		
b) wear a face mask?		
Please use this space to detail any other information we need to know:		

<b>4. Consent to be signed by the participant</b>
<p>I understand that during the period of my stay at Bendrigg, I will be taking part in the centre's activities. I am aware that certain inherent risks remain, which are integral to the activity and which cannot be eliminated completely. The risk of serious injury is extremely remote but some activities may result in minor injuries; e.g. grazes, sprains and bruises. The level of risk in participation in the activities is no greater than that associated with, for example, normal play activity. Signing this form is not a 'disclaimer' and Bendrigg is fully aware of its legal and moral obligations. 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.</p>
<p>Signed: _____ Date: _____</p>
<p>If you are under 18, this must also be signed by a parent or guardian.</p>
<p>Signed: _____ Date: _____</p>
<p>Photograph permissions: I agree to any photographs taken during my stay being used for publicity purposes.</p>
<p>Signed: _____ Date: _____</p>

<p><b>Privacy Statement</b></p> <p>At Bendrigg we take your personal information, security and communication preferences seriously. This form will only be used to inform our staff about your medical needs and will not be used for marketing or fundraising purposes. For legal reasons, this medical form will be kept securely for 10 years. It will not be passed onto any third party for processing however it may be given to the emergency services in the event of a medical emergency. To find out more please see our privacy policy here <a href="https://www.bendrigg.org.uk/privacy-policy">https://www.bendrigg.org.uk/privacy-policy</a></p>
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