



MEDICAL DECLARATION FORM FOR PARTICIPANTS

It is the responsibility of the course participants to ensure that they are sufficiently fit for the course they have booked. If potential participants suffer from any illness likely to cause a safety hazard this must be discussed with the Centre Manager before taking part in an activity. If you have any concerns about your physical suitability for the course please seek advice and go-ahead from your doctor, and complete the appropriate section of our Medical Declaration. If you have any queries or would like further information contact the Raymond Priestley Centre, Tel no. 015394 41364

This form is to be completed by applicants over 18 years or by parent/guardian if applicant is under 18. **It is important that you tick yes or no to EACH question as applicable.**

Please complete the form and hand to your Course Organiser at least 3 weeks before the course commences.

The information provided on this form will be treated as CONFIDENTIAL and is only required in order to enable the staff at the Priestley Centre to give the appropriate medical help and support if required. You must inform us if anything changes before your visit.

	YES	NO
Are you able to swim 50 metres?		
Are you confident about being in water wearing a buoyancy aid?		
*** Do you have any special dietary requirements? <i>(not applicable to self-catered courses)</i> e.g. Halal, vegetarian, gluten-free, no pork or beef, diabetic, allergic to nuts/dairy etc.		
***Are you suffering from, or are a carrier of, any infectious disease?		
***Are you taking any medication? If so, please give details of dosage and make sure you bring enough.		
HAVE YOU EVER HAD:-		
• *** heart trouble, raised blood pressure?		
• *** asthma, bronchitis, tuberculosis?		
• *** diabetes?		
• *** epilepsy, fainting attacks, migraine, severe head injury?		
• *** nervous illness?		
• *** hayfever, allergies e.g. medicine, insect bites?		
• *** a history of fractures or tendon/ligament damage, e.g. back, neck, arms, ankles or knees?		

If you have answered yes to any of the questions above marked * please give details here. Please add any other relevant medical information. Use other side of paper if necessary.**

Participants name Date of Birth / /
(in block capitals please)

Course Name **Coniston Adventure Weekend** Course start date / /

Signature Relationship to participant
(of parent/guardian if under 18) (if appropriate)

Date form filled in / /

Tel no & name of emergency contact during your stay:

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