

Consent and Medical Information Form

Course: _____

Participants Name: _____ **Date of Birth:** _____

Address: _____

_____ **Postcode:** _____

Telephone: _____ **Mob:** _____

Email: _____

Have you been hospitalised and/or had a chronic illness during the last six months?

Please provide details below:

Have you any specific medication you will need to bring? Please provide details below:

Do you have any allergies? Please provide details below:

Do you have any other requirements such as, mobility assistance, culture, dietary etc? Please provide details below:

Emergency Contact Details

Name: _____ Relationship: _____

Address: _____
_____ Postcode: _____

Telephone: _____ Mob: _____

Name of Family Doctor: _____ Tel: _____

Address: _____
_____ Postcode: _____

Additional Medical information

Do you have an additional medical care plan? **Yes** **No** (please circle)

If yes, please ensure a copy is included with this form

Declaration

I agree to my son/ daughter receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical professionals present. I will inform OceanRock Adventure Ltd as soon as possible of any changes in medical and/ or other circumstances between now and the commencement of the activities.

Statement of Assumed Risk

Our Staff are trained and qualified to run activity sessions and will at all times proceed in a manner to limit risk. However, participation in Adventurous Activities carries an element of risk and in signing below you accept that injury and accident may occur.

Photography

If you do not agree to OceanRock Adventure using any of the photos taken on the course for promotional material please tick here: _____

Guardian/ Parental signature: _____

Print Name: _____

Date: _____