



# Medical and Consent Form

Participant Details			
Name:		Date of birth:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Mobile phone:	Landline:	
Address:			

Emergency Contact (must be over 18)			
Name:		Relationship to participant:	
Mobile phone:		Landline:	

Medical
Details of any allergies or medications currently being taken:
Details of any medical, disabilities or additional information that may affect yours or others safety during this activity: If you/the participant need to discuss this with the Event Leader please do this <b>in advance</b> of the event otherwise you/the participant may not be able to participate.

Statement	
<ol style="list-style-type: none"><li>1. I have ensured that I/the participant understand(s) the nature and risks of the activity and for his/her/my safety and for the safety of the group that any rules and instructions given by leaders are followed.</li><li>2. I undertake to inform the leader of the activity of any changes in the fitness or health of the participant/myself prior to the activity.</li><li>3. I am in agreement that those in charge may give permission for the participant (detailed above) to receive medical treatment in an emergency.</li></ol> <p>A parent or guardian must complete and sign this form if the participant is under 18 years of age.</p>	
Signed (participant/parent or guardian):	Date:
Please bring this form with you to the Adventure Dolphin Event.	