

**Medical Information/Consent Form**

Please fill this form in before taking part in activities. The parent or guardian of those taking part must fill it in. Without a valid signature you will not be able to take part in activities.

<b>Name</b>	(M/F)
<b>Date of Birth</b>	
<b>Address</b>	

**Next of Kin Information**

<b>Name of NOK</b>	
<b>Relationship</b>	
<b>Telephone No.</b>	
<b>Address of NOK (if different than above)</b>	

Are there any illnesses/conditions/allergies that we should know about? If so please list them below:

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Please give the name and address of GP.

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I certify that the above information is correct. I hereby give consent for the person named above to take part in adventurous activities. If emergency first aid treatment needs to be given I also give my consent:

**Signed:**

**Date:**

**Name:**

**Please state relationship if not next of kin**