

INDIVIDUAL DETAILS FORM

PEAT RIGG

Outdoor Training Centre
Cropton
Pickering
North Yorkshire
YO18 8EX

Participants' name | Date of Birth

Address

City/town | County | Post code

Home telephone number | Mobile | Emergency contact number

Name of family doctor | Contact number

Address

Please specify above if the participant has any conditions requiring medication

Please outline any special dietary requirements and the type of pain/flu medication they may be given if necessary

Has the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

Please specify if the participant is allergic to any medication

When did the above person last have a tetanus injection?

_____ I will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the beginning of the course.

_____ Is the participant able to swim 50 metres?

DISCLAIMER

I agree that I/my son/my daughter can receive medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed | Date

Full name (BLOCK CAPITALS)