

# Bendrigg Trust – Group Medical & Consent form

**It is important that we receive completed forms at least 2 weeks prior to arrival**

Group or course name		Arrival date	
Please tick this box if you are a member of staff or carer <input type="checkbox"/>			

## 1) Information – To be completed by everyone

Name  Address     Postcode	Male/Female
	Date of Birth
	Age
	Phone
	Mobile
<p style="text-align: center;"><u>Emergency contact details</u></p> Name  Address    Post Code   Daytime phone  Evening phone	<p style="text-align: center;"><u>Doctor's details</u></p> Name  Address    Telephone

## 2) Details of any disabilities

Relevant details of any physical disabilities:			
Relevant details of any learning disabilities:			
<b>Please tick the appropriate box regarding walking ability and wheelchair use</b>			
Walk independently		Walk with assistance	
Occasional wheelchair use		Full-time wheelchair use – can transfer unaided	
Wheelchair use – need help to transfer		Wheelchair use – cannot transfer	
Under 50kg (8st)		50 – 85kg (8 – 14st)	Over 85kg (14st)

<b>3. Personal Information – To be completed by everyone</b>	<b>Yes</b>	<b>No</b>
Do you have an allergy?		
If yes, please give details of severity:		
Have you any special dietary requirements?		
Give details (eg vegetarian, gluten free)		
Do you have a medical condition of which we should be aware?		
Give details (eg Asthma, Diabetes):		
Are you currently receiving medical treatment or medication?		
If yes, please give details:		
Have you had surgery or an injury in the past year?		
If yes, please give details:		
Do you suffer from Epilepsy?		
Details of severity and frequency:		
Have you had a Tetanus injection in the past 5 years?		
Details of swimming ability/water confidence:		
Is there any other information we need to know?		
Please give details:		

<b>4. Consent to be signed by the participant</b>	
Photograph permissions: I agree to any photographs, taken during my stay at Bendrigg, being used for publicity purposes.	
Signed:	Date:
<p>I understand that during the period of my stay at Bendrigg, I will be taking part in the centre's activities. I am aware that certain inherent risks remain, which are integral to the activity and which cannot be eliminated completely. The risk of serious injury is extremely remote but some activities may result in minor injuries; eg grazes, sprains and bruises. The level of risk in participation in the activities is no greater than that associated with, for example, normal play activity. Signing this form is not a 'disclaimer' and Bendrigg is fully aware of its legal and moral obligations. If I am taken ill or injured to the extent that some medication or surgery is required, I authorise the leader of the group or a member of Bendrigg staff to sign on my behalf any form of consent which may be required.</p>	
Signed:	Date:
If you are under 18, this must also be signed by a parent or guardian.	
Signed:	Date: