



PARTICIPANT INFORMATION

MEDICAL CONSENT FORM

CONFIDENTIAL (Please use CAPITALS)

Name

Address

.....

.....Post Code

.....

Telephone No Male / Female (delete as appropriate)

Age Date of Birth

Family member to be contacted in case of emergency:

Name

Address

.....

.....Post Code

.....

Telephone No (Home): (Work):

For water based activities, are you confident to be in water? YES / NO (delete as appropriate)

MEDICAL HISTORY

Name of Doctor: Telephone Number

Address

.....

..... Post Code

Do you suffer from any of the following conditions – diabetes, asthma, migraine, epilepsy, bad period pains, or any other illness? YES / NO If yes, give details



UNDER 18 INFORMATION

MEDICAL CONSENT FORM

****If under 18, please ensure parent or guardian completes this form****

Data Protection Act: The information collected on this form will only be used for the purpose of administration of activities at Moss Coaching. The data will not be disclosed to any external sources other than in an emergency.

UNDER 18 CONSENT FOR PARTICIPANTS

(If you are under 18 years old, your parent/guardian is required to sign on your behalf)

Please read the following carefully:

Description of Activity:

.....

Date of Activity :.....(Leave blank if unsure)

I agree to my son / daughter taking part in the above activity. (delete as appropriate)

I understand that the staff responsible for the activity will take all reasonable care of participants. Should the occasion arise, I give my consent to any emergency treatment necessary. I therefore authorise the group leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities, should medical treatment (a surgical operation or injection) be deemed necessary, provided that, in the opinion of the Doctor or Surgeon concerned, any delay in obtaining my signature could endanger my son's / daughter's health or safety.

Please note that personal accident and loss of belongings are not insured but participants are covered by Moss Coaching insurance in the event of negligence by one of its employees or agents.

Signature: **Name:** **Date:**

Signed by: PARTICIPANT / PARENT / GUARDIAN (delete as appropriate)

ONCE COMPLETE . . . PLEASE SCAN AND EMAIL FORM BACK TO moss@moss-coaching.co.uk OR POST TO THE FOLLOWING ADDRESS...

Moss Coaching at Bicton College,
East Budleigh. Budleigh Salterton. Devon. EX9 7BY