

BT5: 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				Male/Female			
Address				Date of Birth			
				Age			
				Phone			
Postcode				Mobile			
<u>Emergency contact details</u>				<u>Doctor's details</u>			
Name				Name			
Address				Address			
Postcode				Telephone			
Daytime phone							
Evening phone							
Weight (required for some activities)							
Under 50kg (8st)		50-85kg (8-14st)		85-130kg (14-20st)		Over 130kg (20st)	

2. Details of any disabilities				No Disability <input type="checkbox"/> (go to Q3 overleaf)			
Do you have:							
A physical disability		A learning disability		A sensory impairment			
Autism Spectrum Disorder		Other (please specify)		No Disability (go to Q3)			
Please give relevant details of any disabilities identified above:							
Please tick the appropriate box regarding walking ability and wheelchair use:							
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					
Powerchair use – can transfer to manual for activities		Powerchair use – cannot transfer					

3. Personal Information – To be completed by everyone	Yes	No
Do you have an allergy?		
If yes, please give details of severity:		
Have you any specific dietary requirements or food allergies (inc. nuts, citrus fruits etc.)?		
If yes, please give details. We're able to cater for gluten and dairy-free, vegetarian, vegan, halal and other medical diets (e.g. blended/mashed) if notified in advance. If you receive food products on prescription we would appreciate it if you could bring this with you.		
Do you have a medical condition of which we should be aware?		
If yes, please give details e.g. Asthma, Diabetes:		
Details of any medication required (if applicable):		
Have you had surgery or an injury in the past year?		
If yes, please give details:		
Do you have Epilepsy?		
If yes, please give details of severity and frequency:		
Have you had a Tetanus injection in the past 5 years?		
Are you a confident swimmer?		
Any other information we need to know:		

4. Consent to be signed by the participant

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; e.g. 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.

Signed: _____ Date: _____

If you are under 18, this must also be signed by a parent or guardian.

Signed: _____ Date: _____

Photograph permissions: I agree to any photographs taken during my stay being used for publicity purposes.

Signed: _____ Date: _____

Privacy Statement

At Bendrigg we take your personal information, security and communication preferences seriously. This form will only be used to inform our staff about your medical needs and will not be used for marketing or fundraising purposes. For legal reasons, this medical form will be kept securely for 10 years. It will not be passed onto any third party for processing however it may be given to the emergency services in the event of a medical emergency. To find out more please ask to see our privacy policy.