

PARTICIPANT CONTACT AND MEDICAL INFORMATION

Full name

Male Female (Please tick) Date of Birth: ____/____/____

Home Address

Home Telephone Number

Young Person's Mobile Telephone Number

MEDICAL QUESTIONNAIRE – EMERGENCY CONTACT DETAILS

Name of Parent/Guardian

Telephone - Home

Telephone - Work

Telephone - Mobile

Name & Address of Family Doctor

Telephone number

If we are unable to contact you, whom should we try next?

Name

Telephone number

Relationship to you

Has your son/daughter/young person in your care had any of the following? (Please tick)

Asthma or Bronchitis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart Condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fits or fainting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Severe headaches	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Allergies to any known drugs or medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other allergies e.g. material, food, insect bites etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other illness or disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any recent contact with contagious diseases and infections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If the answer to any of the previous questions was "Yes", please give details below

Is there any medication your son/daughter/young person is currently taking?

Yes No

Has your son/daughter/young person in your care received vaccination against Tetanus in the last five years?

Yes No

Is your son/daughter/young person in your care receiving medical treatment of any kind from either your family doctor or hospital?

Yes No

Has your son/daughter/young person in your care been given specific medical advice to follow in emergencies?

Yes No

If the answer to any of these questions is Yes please give the details below (include dosage of any medicines/tablets):

For any medicines that need to be taken during the course of a day on a High Tracks Adventure Learning (HTAL) programme the student must inform the HTAL staff member in charge of the young person's activities for that day. The medicines should be in containers clearly labelled with the young person's name, the type of medicine and the dosage instructions.

STATEMENT OF RISK

Hill, moorland & mountain walking, orienteering camping and camp craft skills are classed as Adventurous Activities and involve a degree of risk for participants. HTAL is committed to the safety of participants and actively manage hazards to keep the risks as low as possible by:

- Carrying out standard and dynamic risk assessments - the findings of which inform standard operating procedures (which are understood and followed by all staff) and enable safest practice to be followed on the day
- Using instructors with appropriate training/qualifications/experience
- Delivering pre-activity training and briefings to include necessary safety elements
- Ensuring that equipment is well-maintained and is suited to the activity/environment
- Checking the status of participants in terms of readiness for expeditions and equipment
- Ensuring that activities are within the capabilities of participants and that the appropriate level of support is given to participants to help them to succeed in a safe and effective way
- Gathering and managing information regarding medical conditions and medication of participants

Parents/guardians are expected to work with HTAL by providing accurate medical information and the correct equipment as per the pre-expedition list supplied. Participants are expected to work with HTAL by following instructions from staff, conducting themselves in a safe manner and watching out for the welfare of other team members.

CONSENT

My signature below indicates that, as a parent/guardian of the above mentioned young person, I accept the above Statement of Risk and consent for him/her to participate in all of the activities outlined above. I declare that, to the best of my knowledge, this person is competent and medically fit to participate in the activities as part of a group. I consent for him/her to receive any emergency medical treatment that may be necessary during the course/expedition/training with HTAL and agree to a mild painkiller being given (such as Paracetamol) if considered necessary by a HTAL staff member. I understand that participation is at his/her own risk and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the staff unless proven to be caused by their negligence.

Name of Parent / Guardian: _____ (Over 18 self-signatures)

Signed: _____ Date: _____



Data Protection Act 1998. The above information will be used only to discharge our duty of care and will then be retained securely in accordance with the Act.