

**Name**

**Male / Female**

**Date of Birth**

**Name of School / Organisation**

Date of last Tetanus injection: \_\_\_\_\_\_\_\_

**You are also asked to acknowledge the small residual risk that is inherent in the nature of outdoor adventurous activities.**

**Photograph Permissions**. Course organisers are presented with a CD containing photos of the group from their course. Occasionally we may wish to use these photos (without naming any person) in our promotional materials as well as on our website. To comply with recent changes to the law governing data protection we need your permission before the centre can use these images. Please tick the appropriate box below.

 I give permission I do not give permission

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the centre if you require any further information or wish to discuss or remove permissions.

High Borrans OEC, Windermere, Cumbria, LA23 1JS.Telephone: 015394 42816. [High.borrans@northtyneside.gov.uk](file:///%5C%5Cdatasilo%5Cvol_users%24%5Cdlin0901%5Cscan%20copies%5CHigh.borrans%40northtyneside.gov.uk) Apr 24

**Emergency contact and telephone numbers**

**Home Address and telephone number**

**Doctor’s Name, Address and Telephone No:**

**Please return this completed form to your course organiser, or the centre at the address below.**

**Medical History** Please detail information about your health that may be useful eg. Current or pre- existing conditions or physical limitations that centre staff will need to be aware of due to the nature of adventurous activities: epilepsy, asthma, diabetes, heart conditions, allergies to medication, specific conditions or syndromes. This information will be treated in the strictest confidence.

**INHALER USERS**: Asthma UK advises visitors to bring 2 inhalers with them, one for use and a second boxed and sealed in reserve, to ensure asthmatics will always have a full and in date inhaler.

**Adrenalin Pen** you should consult your GP about having sufficient adrenalin pens for going into remote settings where paramedic help may be 1-2 hours away (i.e. having additional pens).

**Have you suffered any serious recent illness or injury?**

**Do you have any special dietary requirements or food allergies?**

**DIETARY, MEDICAL& CONTACT INFORMATION FORM**

**ADULTS**