



Medical Form

All information provided will be treated as confidential

PARTICIPANT'S DETAILS

Name		Gender	M	F
Address		Age		
Phone Number		D.O.B		
School / Group		Date(s) of camp / activity		
Head Teacher / Leader	Overnight programmes essential	Best contact (mobile?)		

EMERGENCY CONTACT DETAILS

Name		Relationship	
Home phone		Work phone	
Mobile phone		Email	
Doctors Name	Or Medical Centre name	Doc's Number	

Medical & Personal Information

The more we know, the better the care. In order for Bigfoot to provide safe enjoyable quality experiences for all it is **vital** that we have **as much information as possible about our participants**. This information will not affect your programme attendance, however you/school/guardian/Bigfoot may need to put extra support in place or alter activity / programme to cater for your specific needs. It is **essential** that you give us **accurate and detailed information**. Attach an additional sheet if necessary. Please be open and honest about the smallest of things. Where information is omitted or inaccurate, activity **start may be delayed or participant may be stood down** by Bigfoot or associated provider in order to meet our safety standards.

Dietary needs: Please provide details of any particular dietary needs e.g. gluten, lactose, vegetarian, vegan, halal, food allergies (with extra detail given below) – Note: some extra cost may be enforced for catering options – please ask your programme manager.

Medical issues: Please provide details of any particular medical issues, e.g. asthma, epilepsy, diabetes, recent cold or illness, recent operation, heart or lung related, skin conditions, etc. (with extra detail below or on separate page as required).

Medication: Please provide details (dosage / ingredients / effects / inhibitors) of any current or recently finished courses of medication

Allergies / Medical: Please provide extra detail here			Do you carry an EpiPen?	Yes	No
Allergen / Medical	Severity	Triggers	Symptoms	Remedy	

Intellectual, Social, Cultural, Behavioural or other issues: that may affect the participant's understanding or perception of physical or emotional risk or ability to fully participate in the objectives of the programme e.g. Asperger's; Recent family trauma; ADD; Bullying; CYFS or WINZ care, etc Command of the English language Cultural sensitivities

Physical Abilities: Fitness levels; Old or New Injury; Operations, Restricted Movement, Hyper/hypo Mobility, Conditions, Wheelchair use etc. Please provide information on Swimming Ability, Cycle Ability, Comfort with Height, Enclosed Spaces and General Attitude to Challenge.

Risk Consent Form



Name:

Best contact (mobile?):

School / Group:

Date(s) of camp / activity:

For use in conjunction with any Programme and Activity information received.

Note: This is not a disclaimer. Bigfoot takes all reasonably practicable steps to eliminate or minimise all real risk associated with Bigfoot activities and services.

- I am familiar with and accept responsibility for understanding the many risks associated with outdoor activities.
 - I know I am able (or have encouraged my son/daughter) to ask any questions of Bigfoot, associated third party provider or the individual instructor to gain a better understanding of the activity and its associated risks before deciding whether to take part.
 - I know I am responsible (or have motivated my son/daughter) to follow any instructions given by the instructor/staff member in relation to significant hazards or risks, including wearing appropriate attire. We understand that if my or my son/daughters' behaviour falls outside of instruction or advice, we acknowledge that we do so at our risk or harm.
 - I have disclosed complete and accurate details regarding medical, physical or other information.
 - I authorise Bigfoot and associates to instigate any reasonable medical assistance and treatment required during an incident.
 - I consider that I am or my son/daughter is physically and mentally able to sustain the level of exertion and duration of activity as per programme designed and willingly participate.

 - I understand I may be charged for items belonging to Bigfoot I / my child lose or damage.
 - I understand that my personal effects are not covered by Bigfoot's insurance policy while on any camp or activity.
 - I understand that if at any time during the programme I am under the influence of alcohol, drugs or other substances Bigfoot has the right to stop my further participation on the programme and I have no right for refund of my course fee.
 - I give permission for media (photographs, video, images) of myself / my child to be used by Bigfoot Adventures Ltd and programme associated external third party providers of the camp or activity for social media such as Facebook and other marketing purposes.
- Y / N (please circle)

I have received sufficient information on the programme content and am happy to consent to participate or have my child participate in this programme. I agree to the above conditions of my / my child's participation.

I acknowledge that my Group Leader / Teacher In Charge will coordinate with Bigfoot Adventures in regard to this consent.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

(if under 18)