

Tile Barn, Church Lane, Brockenhurst, Hampshire SO42 7UB
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Confidential Medical Questionnaire And Consent Form

Name of your group / school _____ Date of visit / /

Participant's first name _____ Surname _____

Date of birth _____ Age _____ Tick if aged 18 or over Male / Female

Name of next of kin _____ Relationship to participant _____

Next of kin's contact address during the course _____
Post Code _____

Contact No. Home _____ Work _____ Mobile _____

Name & address of participant's Doctor _____

Telephone No _____ NHS No. (If Known) _____

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Any other allergies, e.g. food, plasters	Yes	No
Heart condition	Yes	No	Other illness or disability	Yes	No
Fits, fainting or blackouts	Yes	No	Travel sickness	Yes	No
Severe headaches	Yes	No	Regular medication	Yes	No
Diabetes	Yes	No	Any condition that could be affected by		
Allergies to any known medication	Yes	No	physical activity	Yes	No

Has the participant been given specific medical advice to follow in emergencies? Yes No

Has the participant been vaccinated against tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either a doctor or hospital? Yes No

Any special dietary requirements? Yes No

Can the participant swim 50 metres in light clothing? Yes No

If the answer to any of the above questions is YES, please give details overleaf

Tile Barn Outdoor Centre sometimes takes photographs of visitors for publicity purposes. Before taking images of minors we require parental permission. May we use images of your son / daughter for publicity purposes to include brochures, presentations, displays, our website or in booklets, newsletters or publicity. Yes No

I confirm that I have parental responsibility for the above named participant. He/she is in good health and I consider him/her to be capable of taking part in the activities available at Tile Barn Outdoor Centre and I consent to him / her taking part in these activities. In the event of illness or accident I consent to necessary medical treatment which might include the use of anaesthetics. In the event of any illness or medical treatment occurring after the return of this form and prior to the activity I undertake to inform the party leader.

Signed _____
Person with Parental Responsibility

Please print name here _____

Data Protection Act 1998. The above data will be retained securely in compliance with the act.

