

Freax Medical Information Form (Over 18's)

Participants Name: Date of Activity/Residential:

Address: Mobile:

D.O.B.:

Medication Details

Do you suffer from any condition that requires medical treatment, including medication? If yes, please give brief details below:

Please remember it is vitally important that you bring any prescribed medication that you would normally take with you on the visit.

Are you allergic to any medication? If yes, please give details

Have you received a Tetanus injection within the last five years?

 Yes No

If for any reason you are unsure please answer **NO**

Dietary Details

If relevant please tell us about any special dietary requirements (i.e. vegetarian, gluten free, nut allergy, religious restrictions)

Special Needs

Please tell us about any special needs or disability.

Declaration

It is important that you are aware that outdoor activities carry a risk of danger or personal injury to those who get involved. Though the staff of Freax will take all reasonable steps to reduce this risk we cannot remove it completely. Therefore, participants in these activities should be aware of and accept the risks and be responsible for their own actions and involvement. This is particularly so during the use of artificial climbing walls as we accept no responsibility whatsoever for any loss or injury resulting from any involvement in this activity.

I agree to inform the organiser prior to the visit in the event of any changes to the medical information I have given. I agree to receive emergency medical treatment, including anaesthetic (*except any listed above as being allergic to*), as considered necessary by the medical authorities present.

I am also happy for appropriate photographs and film to be taken of myself during the activities and used for Freax publicity if required, including web applications. (*You can ask to see any photos/film before they are used*).

Signed
Print Name

Date

In case of emergencies please contact (next of kin):

Name:
Home:
Work:
Mobile:

If unobtainable, please contact:

Name:
Relationship to you
Home:
Mobile: