

# **Springboard Adventure @ Hetton Lyons Country Park**

## **Parental Consent /Medical Declaration Form**

Group/Project/School etc ROKER CANOE CLUB  
Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

D.O.B. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Tel. No. \_\_\_\_\_

### **MEDICAL QUESTIONNAIRE.**

Please indicate below if any of the following conditions apply.

Circle and supply details if necessary.

#### **Illnesses;**

	Details
Epilepsy, Fits, Fainting or Blackouts	Y/N _____
Diabetes	Y/N _____
Heart Complaint	Y/N _____
Asthma	Y/N _____
Other (please specify)	Y/N _____

#### **Allergies;**

Plasters	Y/N
Penicillin	Y/N
Hayfever	Y/N
Food	Y/N
Other (Give details)	Y/N _____

#### **Physical disability**

Any other conditions currently problematic or under treatment?

Recent illness or operation from which recovery is still a problem?

Please describe any current medicines prescribed together with dosage.

#### **Declaration**

I am willing to allow my son/daughter or myself, named above to participate in a series of alternative leisure pursuits, including water based activities and I confirm the above information is correct.

Signed \_\_\_\_\_

Date \_\_\_\_\_

