

# Medical Information & Consent Form

If 17 or under this form must be filled in by parent or guardian

(Please use CAPITAL letters)

Course Details	
School/Group Name:	Start Date:
Notes: Whilst at UKSA, you / your child will be taking part in adventurous activities which involve some personal risk. It is compulsory that before starting any activity, you fully complete the following medical declaration. Information will help us to keep you / your child safe and structure an effective training programme.	

Participant's Details	
Surname:	Forename(s):
Age:	Date of Birth:
Home Address:	
	Postcode:
Can swim 50m in light clothing: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you are still welcome at UKSA. It is for information only.)	
Water-confidence: <input type="checkbox"/> Very confident on water <input type="checkbox"/> Quite confident <input type="checkbox"/> Not very confident <input type="checkbox"/> Not at all confident (Tick as appropriate)	

Next of Kin / Emergency Contact	
Who should we contact in case of an emergency? Please give 2 contacts, including a parent/guardian if the student is under 17.	
Contact Name 1:	Contact Name 2:
Relationship (parent, guardian, etc.):	Relationship (parent, guardian, etc.):
Address:	Address:
Daytime Telephone Number:	Daytime Telephone Number:
Night Telephone Number:	Night Telephone Number:
Email:	Email:

Participant's Doctor
Name:
Address:
Postcode:
Telephone Number:

# Medical Information & Consent Form

## Medical Details

Please give relevant details of any medical conditions that apply, e.g. heart conditions, diabetes, epilepsy, immobility etc.

Any known non-food related allergy?  Yes  No (If yes, please give details.)

Has the doctor prescribed any medication during the previous 3 months?  Yes  No (If yes, please give details.)

Has the participant received a Tetanus injection in the last 10 years?  Yes  No

Is there anything else you think we should be aware of? E.g. a previous injury, regular medication, additional needs etc.

## Dietary Details

Any special dietary requirements?  Yes  No (If yes, please give details.)

Any known food allergy?  Yes  No (If yes, please give details.)

## Media Consent and Declaration (if under 17 this section must be filled out by Parent/Legal guardian)

**Photo Consent: please tick the box only if you agree.**

(Should you wish to read our full Privacy Notice it can be read at [uksa.org/privacy-policy-cookies](https://uksa.org/privacy-policy-cookies))

I am happy for photos and videos to be taken of me / my child for the purposes of coaching and for marketing UKSA as an organisation. This may include use on our website, printed material, videos and social media. Names of children are never placed alongside photos.

**Please tick the box:**

If I / my child will be returning to UKSA this academic year, I am happy for UKSA to retain this information and I accept responsibility for notifying UKSA of any changes to the supplied information.

I declare that the information given above is accurate and true, and that I have not knowingly withheld any information. I understand that to knowingly withhold information could result in the termination of my / my child's training at UKSA without refund.

Signed

Date

## Contact Details

UKSA, Arctic Road, Cowes,  
Isle of Wight, PO31 7PQ

For more information please contact:

T: 01983 203045

F: 01983 295938

E: [schools@uksa.org](mailto:schools@uksa.org)

[uksa.org](https://uksa.org)