

(10) Wight Water Medical Form.

(1)

To be filled in by the Parent or Guardian

Required information – students under 18yrs – schools, groups and individuals

Full Name _____
(Surname) (Forenames)

Start Date _____ Finish Date _____

School / Group Name _____

Note: Whilst at Wight Water your child will be taking part in an adventurous activity which will involve some personal risk. It is a legal requirement that before commencing any activity you fully complete the following medical declaration. The information will us to keep you safe and structure an effective training program for you.

(A). YOUR CHILDS DETAILS

Age _____ Date of Birth _____

Nationally _____

Address _____

Post Code _____ Telephone No _____

Contact no
Parent / Guardian _____
(Business) (Mobile)

Height _____ Weight _____ (Kg) (Metres)

Would you describe your child as
(Please circle as appropriate) Very Fit Fit Unfit Very Unfit

How would you describe yours child's swimming
(Please circle as appropriate) Very Strong Water Confident Swimmer Poor

(B) PARENT CONTACTS who should we contact in case of an emergency? (Please give 2 contacts)

Name _____ Name _____
(Forename) (Surname) (Forename) (Surname)

Relationship _____ Relationship _____
(Parent / Guardian) (Parent / Guardian)

Address _____ Address _____

(Post code) _____ (Post code) _____

Telephone: home (inc full STD & International code) Telephone: home (inc full STD & International code)

Work / Mobile _____ Work / Mobile _____

(C) YOUR CHILDS DOCTOR

Name of Doctor _____

Name of Surety _____

Surgery Address and details _____

Post Code _____ Telephone _____
(including full STD and International code)

To be filled in by Parent or Guardian (2)

(D) YOUR CHILDS CURRENT HEALTH

1. Has your doctor prescribed any medication during the last 3 months

If yes please give details

2. TREATMENT AND MEDICATION

Are they currently receiving treatment or taking medication for any of the following

- (a) Heart Condition Yes / No
- (b) Diabetes Yes / No
- (c) Epilepsy Yes / No

3. Hearing

(a) Do they suffer from any deficiency or impairment with there hearing Yes / No

4. Sight

(a) Do they suffer from any defect in there vision Yes / No

1. Muscles and Bones

- (a) Do they have any restriction of movement of there joints or limbs Yes / No
- (b) Do they have any other restrictions in their movement (neck or back for example) Yes / No
- (c) Do they suffer from any weakness or re occurring injury to their joints, limbs, back or neck Yes / No

2. Allergies

- (a) Do they suffer from allergies Yes / No
- (b) Do they suffer from Asthma Yes / No

3. Other illnesses or diseases, impairments, and afflictions

(a) Do you have any other illness, disability, or medical condition not included above Yes / No

4. If you have answered yes to any of the above questions 1 – 8 please give details below

(E) YOUR CHILDS MEDICAL HISTORY

2. You should include below any other medical facts that could effect his or her training or safety during their time at Wight Water. (Please include dietary requirements or previous injuries)

(F) DECLARATION

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 child's training at Wight Water without refund.

Signed _____
(Parent / Guardian)

Date _____

Please Print your name _____

Internal use only

Internal Risk Assessment required Yes / NO

(11) Wight Water Medical Form.

(1)

Medical Information required for students over 18yrs

Full Name _____
(Surname) (Forenames)

Start Date _____ Finish Date _____

Course details _____

Note: Whilst at Wight Water your child will be taking part in an adventurous activity which will involve some personal risk. It is a legal requirement that before commencing any activity you fully complete the following medical declaration. The information will us to keep you safe and structure an effective training program for you.

NB. Failure to declare full information will result in the termination of your course without refund.

(A). YOUR PERSONAL DETAILS

Age _____ Date of Birth _____

Nationally _____ Place of Birth _____

Marital Status _____ Passport no _____

Address _____

Post Code _____ Telephone No _____

Contact no _____
(Business) (Mobile)

Height _____ Weight _____ (Metres)
(Kg)

Would you describe yourself as
(Please circle as appropriate) Very Fit Fit Unfit Very Unfit

How would you describe your swimming ability
(Please circle as appropriate) Very Strong Water Confident Poor Swimmer

I am
(Please circle as appropriate) Smoker Non Smoker

(B) NEXT OF KIN who should we contact in case of an emergency? (Please give 2 contacts)

Name _____ Name _____
(Forename) (Surname) (Forename) (Surname)

Relationship _____ Relationship _____
(Parent / Guardian) (Parent / Guardian)

Address _____ Address _____

_____ (Post code) _____ (Post code)

Telephone: home (inc full STD & International code) Telephone: home (inc full STD & International code)

Work / Mobile _____ Work / Mobile _____

(C) YOUR DOCTOR

Name of Doctor _____

Name of Surgery _____

Surgery Address and details _____

Post Code _____ Telephone _____
(including full STD and International code)

(D) YOU'RE CURRENT HEALTH

1. Has your doctor prescribed any medication during the last 3 months
If yes please give details

2. TREATMENT AND MEDICATION

Are you currently receiving treatment or taking medication for any of the following

- (a) Depression or other mental or nervous problem Yes / No
- (b) Heart Condition Yes / No
- (c) Diabetes Yes / No
- (d) Epilepsy Yes / No

3. Hearing

- (a) Do you suffer from any deficiency or impairment with there hearing Yes / No

4. Sight

- (a) Do you suffer from any defect in there vision Yes / No
- (b) Do you suffer from any defect in your colour vision Yes / No

5. Muscles and Bones

- (a) Do you have any restriction of movement of there joints or limbs Yes / No
- (b) Do you have any other restrictions in their movement (neck or back for example) Yes / No
- (c) Do you suffer from any weakness or re occurring injury to their joints, limbs, back or neck Yes / No

1. Allergies

- (a) Do you suffer from allergies Yes / No
- (b) Do you suffer from Asthma Yes / No

2. Learning Difficulties

- (a) Are you dyslexic Yes / No
- (b) Do you suffer from any learning difficulty Yes / No

3. Other illnesses or diseases, impairments, and afflictions

- (a) Do you have any other illness, disability, or medical condition not included above Yes / No

4. If you have answered yes to any of the above questions 1 – 9 please give details below

(E) YOUR MEDICAL HISTORY

1. Have you ever suffered from or received treatment for any of the following

- (a) Depression / mental illness Yes / No
- (b) Heart Condition (Heart surgery / heart rhythm / disease of heart or arteries / blood pressure) Yes / No
- (c) Stroke or unexplained loss of consciousness Yes / No
- (d) Severe head injury with continuing after effects or major brain surgery Yes / No
- (e) Parkinsons Disease or Multiple Sclerosis Yes / No
- (f) Diabetes Yes / No
- (g) Epilepsy Yes / No
- (h) Alcohol or drug addiction Yes / No

2. You should include below any other medical facts that could effect his or her training or safety during their time at Wight Water. (Please include dietary requirements or previous injuries)

3. Are there any medical facts that you feel unable to include on this form but would prefer to discuss with a member of staff Yes / No

(F) DECLARATION

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 training at Wight Water without refund.

Signed _____ Date _____
(Parent / Guardian)

Please Print your name _____

Internal use only

Checked By

Signed _____ Date _____
Internal Risk Assessment required Yes / NO