



**FOR OFFICE USE ONLY**

**Activity:**

**Date:**

**Medical Information and Consent form**  
 (please complete both sides)

**Personal details**

First name of participant ..... Surname .....

Date of birth ..... Age ..... Tick if aged 18 or over  male / female

Address .....

..... Post code .....

eDofE number ..... Contact Email .....

**Emergency contact details**

Name of next of kin .....

Relationship to participant.....

Address during the activity (if different from above) .....

.....Post code .....

Emergency Contact no: Home ..... Mobile .....

Name and address of participant's doctor .....

..... Telephone no .....

**Medical Information**

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Tetanus vaccination in the last 10 years	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of these questions is Yes, please give details: .....

.....

If it is considered necessary, do you agree to mild painkillers (eg: Paracetamol) being administered? Yes No

If it is considered necessary, do you consent to hypo-allergenic sun screen being provided to prevent sun burn? Yes No

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

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

If the answer to either of the last two questions is Yes, please give details here (including name and dosage of any medicines/tablets):

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**Remote Supervision**

As part of all DofE programmes remote supervision will be used. Remote supervision is when the safety and well-being of a group is monitored from a distance, with limited direct contact between the group and the staff team. All groups will be provided with sufficient training and a professional judgement will be made before this method is implemented.

**Statements**

Ridgeline Adventures have, and fully accept, a duty of care to make its activities as safe as reasonably practical. However, adventurous activities are inherently hazardous and cannot be made completely risk free. Accidents can happen without contributory negligence from Ridgeline Adventures and its staff.

In the event of any changes to the information provided in this form after it has been completed but before the start of the activity, I undertake to inform Ridgeline Adventures of any such changes as soon as possible, and in any event before the beginning of the activity.

I am in agreement that those in charge may give permission for the participant to receive medical treatment in an emergency.

I understand that for the safety of the group any rules and instructions given by staff must be obeyed.

I have read and understand Ridgeline Adventures privacy policy, which can be found on [www.ridgelineadventures.co.uk/privacypolicy](http://www.ridgelineadventures.co.uk/privacypolicy)

I acknowledge receipt of and understand the information given in this form regarding the proposed activity and consent to the participants involvement.

Signed ..... (for participants under 18 years of age)  
*Person with parental responsibility*

Signed ..... (for participants aged 18 years or over)  
*Participant*

Date .....

**Consent for taking images**

During all Ridgeline Adventures expeditions we are likely to take photographs and videos for publicity purposes.

In the event of any images of my child/me being taken, I consent to them being used by Ridgeline Adventures. Yes No

Signed ..... (for participants under 18 years of age)  
*Person with parental responsibility*

Signed ..... (for participants aged 18 years or over)  
*Participant*

Date .....