

HEALTH INFORMATION

It is important that we know about any special requirements that our clients have. Anyone involved in a Climbing Session (participating or spectating) should complete this form in BLOCK CAPITALS.

Full Name of Participant: _____

Address of Participant: _____

Name of Person to contact in an emergency: _____

Emergency contact number: _____

Relationship to participant: _____

Please state any medical conditions/illnesses/allergic reactions that you have (e.g. food allergy – please asthma, heart conditions, pregnancy, back problems) and any medication that is used to control these conditions (e.g. inhaler, adrenalin etc):

If you have an existing medical condition, we recommend that you take advice from your GP to establish what sort of activity it is safe for you to take part in.

I confirm that:

Confirmed as read:

- I have read and understood this form and declared any existing medical conditions for the child.
- I understand that the child should not take part in any activity that I know may aggravate an existing medical condition.
- I understand that the child is responsible for his/her personal belongings during the activity session.
- I understand that the child must be a responsible participant during the activity session.

Parent/ guardian signature _____ Date _____