CONFIDENTIAL MEDICAL QUESTIONNAIRE AND ACTIVITIES CONSENT FORM

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Anstey Junior School

Name of Participant ..... Date of Birth .....

Schools/Group/Course Name Y5 Runway's End Residential Date(s) of Visit 23-25 September 2026

Home Address .....

..... Postcode .....

Name of Next of kin .....

Emergency Telephone No. Home ..... Work ..... Mobile .....

Next of Kin's Contact Address (if different to above) .....

..... Postcode .....

Name of Participant's Doctor ..... Doctor's Telephone No. .....

Doctor's Address .....

..... Postcode .....

1. Medical Conditions - Has the participant had, or do they suffer from any of the following?

Please circle as appropriate			
Asthma or Bronchitis	YES/NO	Allergies to Any Known Medication	YES/NO
Heart Condition	YES/NO	Any other Allergies (Food, Plasters, Animal, Material)	YES/NO
Fits, Fainting or Blackouts	YES/NO	Other Illness or Disability	YES/NO
Severe Headaches	YES/NO	Travel Sickness or Sleepwalking	YES/NO
Diabetes	YES/NO	Regular Medication	YES/NO
Is the participant receiving medical or surgical treatment of any kind?			YES/NO
Has the participant been given specific medical advice to follow in emergencies?			YES/NO
Does the participant have any special needs of which we should be aware?			YES/NO
Support or treatment for mental health from their counsellor or doctor			YES/NO

If the answer to any of the above questions is YES, please give details overleaf (including dosage of medicines/tablets).

Has the participant received vaccination against Tetanus in the last 10 years?	YES/NO
If it is considered necessary , do you agree to:	
Mild painkillers (e.g. Paracetamol) being administered?	YES/NO
Hypo-allergenic sun screen being provided?	YES/NO

2. Physical Fitness: Activities involve some or all of; bending, lifting, balancing, jumping, falling, climbing, stretching, co-ordination and swimming. In case of doubt consult your doctor before booking.

3. Activity Specific Consent

Many of our activities take place in and around the water. How would you rate the participants confidence in the water? **Please tick one of the following as appropriate.**	
I/my child can swim and is water confident (including submerging head without becoming distressed)	YES/NO
I / my child is a non-swimmer and/or may not be confident in the water	YES/NO

For courses involving air rifle target shooting, please tick to confirm that your child is not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968.	

4. Supplementary Information

Please add any further information which will help us ensure you or your child has a positive experience. In particular, do you or your child have any special needs or overnight care considerations of which we should be aware?

Special Dietary Requirements: .....

5. Confirmation and Consent

I consider myself to be fit and able to participate in the activities or confirm that I have parental responsibility for the participant and that I consider him/her fit to participate in the activities at Hampshire Outdoor Centres.

I accept that, by their nature, adventure activities may involve some level of risk which cannot be fully eliminated and I consent to taking part or to my child taking part.

In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics.

If any illness or medical treatment occurs after the return of this form and prior to the activity, I undertake to inform the party leader/booking office in writing.

Signed ..... (person with parental responsibility), or

Signed ..... (participant, if aged 18 or over)

Print name ..... Date .....