

MEDICAL CONSENT FORM (Park & Play)

Date of Session:	
Time of Session:	

PARTICIPANT INFORMATION

Name:			
Address:			
Postcode:			
Telephone:	Day:	Evening:	Mobile:
Email:			
Date of Birth:			

MEDICAL INFORMATION

Do you have a disability? YES/NO <i>If yes please give details:</i>
Do you have any medical conditions of which we should be aware? YES/NO <i>If yes please give details:</i>
Do you have any allergies? YES/NO <i>If yes please give details:</i>
Please detail any other information that may be relevant to your participation in this activity:

EMERGENCY CONTACT DETAILS

Name:			
Address:			
Postcode:			
Telephone:	Day:	Evening:	Mobile:
Relationship to you:			

NB: If within 7 days of visiting CIWW you experience any illness that may be related to your visit, please contact CIWW to request a health monitoring form. Monitoring of our customers health is essential to ensure CIWW continues to achieve and maintain water quality of the best possible standard.

I am over the age of 18 and confirm that all the information supplied herein is correct.

We may occasionally film or take photographs of participants for publicity purposes, including reproduction on our website. If you do not agree to us using photographs or footage that include yourself/your child, please tick the box.

Name :		Signature :	
Date :			

A parent/guardian must sign below if the participant is under 18 years of age:

I, the legal parent/guardian of give my consent for my child to take part in the activities above. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

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Name :		Signature :	
Date :			