

**ADULT MEDICAL / CONSENT FORM**



**Group:** .....

The activities you will be taking part in may involve prolonged periods of physical exercise and therefore it is important for any diagnosed condition to be declared prior to the activity.

Full Name: ..... Signed: .....

Date of Birth: ...../...../.....

Contact Number: .....

Email Address: .....

Please tick here if you do not wish to be informed of future events and workshops from Newquay Forest School.

**Please delete as necessary:**

Have you undergone surgery in the last 12 months? **Y/N**

Have you been diagnosed with any condition which might prevent or restrict your involvement in the above activity? **Y/N**

Are you currently taking any medication? **Y/N**

If Yes Please state the medication you are taking:

.....  
.....

Please record any current medical condition/s:

.....  
.....

Please list any dietary requirements:

.....  
.....

Please list any allergies:

.....  
.....

In case of emergency please contact: Name: .....

Emergency contact number (Next of kin): .....