

MEDICAL & CONSENT FORM

ORGANISING BODY: CHASE TRAINING SOLUTIONS LIMITED
ACTIVITY: BRONZE TRAINING- BILTON
VENUE: NAMPTON & SURROUNDING AREA
DATES: 1ST MARCH 2025

This part must be completed and signed by a parent or carer, if the participant is under 18 years old, and by the participant themselves if over 18 years old and returned to Chase Training Solutions Limited. Please complete this form using CAPITAL LETTERS and deleting as appropriate.

Full name of participant: _____

Date of birth: _____

PERMISSION

I acknowledge receipt of, and understand the information of the expedition, and consent to the above named participating.

NOTE: It is important for the safety and well-being of yourself and others, that you provide details of ALL current and past medical conditions. It is extremely unlikely that any medical condition would lead to you not being accepted on expedition. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

- I understand the nature of the residential activity week, in that it may include supervised low risk maintenance activities, and that **he / she / I** may be transported to and from the accommodation base to the location of the activities in company and/or private vehicles, with appropriate insurance.
- I have ensured that **he / she / I** understand(s) that it is important for **his / her / my** safety, and for the safety of the others attending, for **him / her / me** to behave in a reasonable manner, and that any instructions given by staff will be followed.
- I will inform the Chase Training Solutions Limited of any changes in the health of the **participants / my** health, prior to the date of the activity.
- I agree that those in charge may give permission for my **son / daughter / me** to receive medical treatment in the event of an emergency.

MEDICAL DETAILS

Name and address of young person's Doctor: _____
_____ Doctor's Telephone Number: _____

Details of any **infectious disease** with which there has been any known contact within the last three weeks:

Details of any **medicine / diet / treatment**, which is being taken / followed (*including medication needed whilst at the event*):

Details of **known allergies / sensitivities** (e.g. Penicillin): _____

Date of last Anti-Tetanus injection: _____

Any special dietary requirements: _____

CONTACT DETAILS OF PARENT/CARER DURING THE EVENT

Address: _____

Telephone Day: _____ Evening: _____ Mobile: _____

PHOTO CONSENT

Chase Training Solutions Limited often takes photographs or video film for publicity purposes. These images may appear in our printed publications, on our website, or both. We may also send them to the news media or to sponsors for further publication. May we use your image(s) if over 18 years of age, or those of your child(ren) if under 18 years of age.

Yes / No

Signature of participant: _____

Date: _____

Signature of parent / carer (if under 18): _____

Date: _____

