



Medical Details Form

This form must be completed, where relevant, and handed in before you take part in activities on the water.

The notes below will assist you in determining:

1. If this form is relevant to you.
2. What information may be relevant to us in the event of a problem during your time at the Centre.

Please note this is not an exhaustive list and discretion should be used.

Please ask yourself the following questions, if the answer to any of them is YES please complete this form providing full details of any relevant condition.

Do you suffer from:

1. Asthma, Diabetes, Heart Condition, Fainting or Blackouts, Fits, Severe Headaches?
2. Any allergies to: Medicines, Food, Insect Bites?
3. Any other condition that could affect your participation?

Have you been:

1. In recent contact with any infectious diseases?
2. Given any specific medical advice to follow in an emergency?
3. Tetanus vaccination lapsed?

All information recorded on this form will be treated as confidential and will only be divulged to relevant instructors at the Centre. Any attempt to break this confidentiality will result in disciplinary action.

Name		D.O.B	
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Please use the space below to detail any relevant medical information, and if applicable, further contact details such as your doctor/specialist.

I confirm that the above information is correct, and allow the DSWC to notify relevant members of staff this information.

Signed		Date	
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To be completed where the participant is under 18.

Name (Parent/ Guardian			
Signed		Date	