

Outlook Trust Confidential Medical Information

Please complete and return along with your booking form and deposit to Outlook Trust c/o Jeff Davies, 11 Peacock Lane, Hest Bank, Lancaster. LA26JA

Name _____ Date of Birth _____

Parent/Guardian _____

Address: _____

Home Phone Number _____

Mobile Number/s _____

Alternative emergency contact Name _____

Number _____

Please give details of visual condition _____

Please give details of any additional physical difficulties

Do you take any regular prescribed medication? Please give details below dosage and when taken.

Have you been in contact with any contagious diseases recently?

Are you allergic to anything?

Name and address of family doctor

Tel no. of doctor

Do you have any special dietary needs?

Insurance

The Outlook Trust has public liability insurance for £10 million. No other insurance has been arranged for you.

The Outlook trust cannot accept any other liability for you or your belongings.

You are advised to arrange your own personal insurance if you require this.

No charge is made by The Outlook Trust for the activities provided. Any financial contribution you make is to help with these costs as well as providing food, accommodation adult support and transport.

DECLARATION

In an emergency I agree to any treatment, including anaesthetic as considered necessary by the medical authorities present.

I realise the risk nature of the activities being participated in and the need to act safely and responsibly at all times.

I understand the extent and limit of the insurance cover provided.

Please note we cannot accept responsibility for administering non - prescription drugs such as paracetamol or travel sickness tablets or apply sun cream or insect repellent without written permission from a parent/guardian these must be provided by you.

I give permission for the administration of insect repellent, sun cream, paracetamol, travel sickness tablets.

We require your consent for photographs and video, which will be taken of participants engaging in the activities. If you have any objection to The Trust making a record for promotional purposes please indicate below

Signature Parent

Date of activity break being booked: