

**Cumbria
Outdoors**



Adult medical form

(and emergency contact details)

Please complete this form using CAPITAL LETTERS.

SECTION A – PERSONAL DETAILS

Surname Forename/s

Address

Postcode

SECTION B - MEDICAL INFORMATION (please circle the correct response).

This information will be treated confidentially.

Do you suffer from any of the following medical conditions - **Epilepsy, Asthma, Diabetes, Heart Condition, Disability?** YES NO

If YES please give details: (Include information about what medication is taken, and who administers it and how)

Do you have any allergies which could affect your health or wellbeing whilst on the course? YES NO

If YES please give details

Do you have any special dietary requirements? YES NO

If YES please give details

SECTION C - EMERGENCY CONTACT DETAILS

The Emergency Contact identified below can be contacted at any time in case of an emergency. (CAPITAL LETTERS PLEASE)

Name

Address

Postcode

Telephone no's - Day Eve

Mobile

I do do not (delete as appropriate) give my permission for the content of any imagery taken during my visit to be used for promotional purposes on the Cumbria Outdoors website and/or for Cumbria County Council promotional purposes.