

# Adelong Outdoor Education

## Medical Consent Form



**Activity-**

**Dates-**

**Name-**

**Date of birth-**

**Special details** - any information about your health which may need special attention, but does not prevent you from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, diabetes, asthma or epilepsy?)

**Have you had any relevant recent illness?**

**Swimming ability** (for water based activities)

Are you able to swim 50 metres? YES / NO

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1. I would like to take part in this activity having read the information provided and understood the safety briefing given.
2. I consent to any emergency medical treatment required by myself during the course of the visit.
3. I confirm that I am in good health and I consider myself fit to participate.
4. I accept the risks involved and that I am responsible for my own actions and involvement throughout the activity.
5. I have read and agree to Adelong Outdoor Educations terms and conditions.

**Signature-**

**Date-**

**Address-**

**Tel-**

**Email-**

**Consent to-** Photos being used by Adelong

Email updates by Adelong