

## NJS's Manor Adventure Medical Form

- To be completed and signed by parents of all children attending Manor Adventure with NJS.

Name of attendee \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that I have received and fully understand the details of the course at Manor Adventure which my child will participate in. I agree to participation in any or all of the activities described, and acknowledge that there is an inherent risk in these activities. I accept the need for responsible and obedient behaviour. I accept that in certain circumstances (e.g. weather) the content of the programme may change. I have read and agree with booking terms, given in the original letter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Contact Details: Home

\_\_\_\_\_

Mobile/Work

\_\_\_\_\_

Doctors Name, Phone Number,

Surgery \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FURTHER DETAILS ABOUT THE PERSON ATTENDING MANOR ADVENTURE**

If yes, please provide more details here:

- Any conditions requiring medical treatment: adversely affected by physical exercise or weight carrying; recent injury or illness; problems with circulatory, respiratory, nervous or skeletal systems: Yes No

If yes, please provide more details here:

- Allergic to any medication or food? Yes No

If yes, please provide more details here:

- Requires a special diet? ? Yes No

(Circle)

- Agree to receiving emergency medical treatment?

Yes      No

- Agree to any first aid that may be necessary?

Yes      No

- Agree to the administration of antihistamines/paracetamol as appropriate?

Yes      No

- Agree to photos of the attendee?

Yes      No

If your child requires any medication please attach details here, or if you would like to inform the staff attending of anything more about your child, please also put it here:

Signed \_\_\_\_\_ (parent/career)

Date \_\_\_\_\_