

<b>FORM OV 7B</b>	<b>SELF CONSENT FORM FOR ADULTS</b>
<b>Establishment:</b>	
<b>PARKGATE JUNIOR SCHOOL</b>	



**To be completed by group leader/organiser**

Visit:			
Group Leader:			
Date of Visit:		To:	
Is a photograph of participant required:		YES / NO	

**To be completed by participant.**

Full name:	
Do you:	
<ul style="list-style-type: none"> <li>Have a medical condition requiring medical treatment or medication?</li> <li>Have an allergy to certain medications?</li> </ul>	Y/N Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? If yes, give details:	
Y/N	
Do you have any special dietary requirements? If yes, give details:	
Y/N	
I wish to draw the following to the group leaders attention (e.g. allergies, phobias, recent operations and treatments, conditions which may affect fitness to participate in certain activities):	
<b>SWIMMING ABILITY</b> If water based activities are planned, please detail your swimming ability below:	

EMERGENCY CONTACT INFORMATION		
	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:	Day: Evening: Other:	

FAMILY DOCTOR DETAILS
Name:
Address:
Telephone Numbers:

<p><b>DECLARATION</b> I have received and understood the details of the visit.</p> <p>I confirm that I am in good health and fit to participate in the activities described. I agree to receive medical treatment as considered necessary by the medical authorities present.</p> <p>I undertake to inform the group leader as soon as possible of any change in medical circumstances between the date signed and the commencement of the event.</p>	
Signed:	Date:
Name in Capitals:	
Address:	
Postcode:	
Telephone No:	

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.**