**REACH OUTDOORS VISITING GROUP MEDICAL INFORMATION SHEET**

**GROUP NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Group Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Leader Contact Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photos/Videos:**

* Do you give permission for Reach Outdoors to take photos/videos of group members during your activities and for these to be shared with the group leader after the session? **YES / NO** (delete as appropriate)
* Do you give permission for Reach Outdoors to use these photos/videos for marketing and social media? **YES / NO** (delete as appropriate)

**Declaration:**

By signing and submitting this form, I confirm I have received consent on behalf of the parent/guardian(s) of the participants listed overleaf. I confirm that these parent/guardian(s) have been informed that their child will be participating in adventurous activities with Reach Outdoors in accordance with [Reach Outdoors' Risk Management Strategy](https://reach-outdoors.com/admin/resources/reach-risk-management-summary.pdf).

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person completing the form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Participant Name** | **Any relevant medical conditions/Allergies/Dietary info or prescribed medicines (Use multiple lines if required)** | **Water Confident?**  **Yes/No** | **Emergency contact name and phone number** | **Age & Date of Birth of Participant** | **Does the parent/guardian give consent for agreed activities, if under 18** |
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For additional participants, please complete an additional form.