



## **Medical Declaration & Consent Form**

The Safety of our clients, during the activities and courses provided by Seven Hills Outdoors, is of paramount importance. In order that we may keep you safe we need to know of any relevant medical condition or issue that you may have and which may be relevant to your participation in our activities.

As such, before you undertake any activity or course with Seven Hills Outdoors, you must provide us with a completed Medical Declaration and Consent form.

### **Medical Declaration Form**

Please disclose **any** medical issue, condition or disability that may impact your ability to participate in the outdoors activity or course or which you think may be relevant to undertaking the outdoors activity or course with Seven Hills Outdoors.

By signing this form you are certifying that you are in a suitable physical and mental state to undertake the outdoors activity or course.

<b>Full Name</b>	
<b>Address inc postcode</b>	
<b>Date of Birth</b>	
<b>Phone Number inc mobile number</b>	
<b>Email</b>	
<b>Emergency Contact</b>  <b>Name</b>  <b>Relationship</b>  <b>Address</b>       <b>Tel Number</b>	
<b>Detail of activity / course you have booked?</b>	

1. Do you have any medical conditions? E.G. Asthma, Epilepsy, High Blood Pressure, Diabetes, Angina etc. If yes please provide detail in the box below. If none please state N/A

2. Do you have any allergies? Penicillin, Pollen, Grass, Nuts, Gluten. If yes please provide detail in the box below. If none please state N/A.

3. Do you have any recurring joint or back problems? If yes please provide detail in the box below. If none please state N/A.

4. Have you had any previous hospital admissions which are of relevance to participation in this booking. If yes please provide detail in the box below. If none please state N/A.

5. Do you take or require any medications (including inhaler/spacer, Epi-pen, adrenaline auto injector etc). If yes please list them in the box below. If none please state N/A.

6. Is there anything else we need to know? If yes please provide more detail in the box below. If nothing please state N/A.

7. If you have answered yes to any of the questions above please provide the name, address and contact number of your GP

<b>Name</b>	
<b>Address</b>	
<b>Tel Number</b>	

## Declaration

I confirm that I have declared any and all medical conditions that might be relevant to my participation in the activity / course identified above and I consider myself fit and in good health and that there is no reason why I should not participate. In doing so I recognise and accept that activities in the upland and mountain areas of the United Kingdom contain an inherent degree of risk.

I also consent, in the event of an accident, to Seven Hills Outdoors, who are suitably trained in first aid, to administer whatever first aid treatment they deem appropriate under the circumstances (except as otherwise identified on this form).

In signing this form I also acknowledge that I have read and understood Seven Hills Outdoors terms and conditions and agree to abide by them.

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

\*Please use an additional sheet if your require more space.