



Yorkshire Dales Expedition Panel  
Residential Project  
16<sup>th</sup> – 22<sup>nd</sup> August, Hornby Laithe

### Medical and Consent Form

Yorkshire & Humber Region

This form must be completed by the parent or guardian if the participant is under 18 years old and by the participant if he / she is 18 or over. Please complete the form using CAPITAL LETTERS and deleting as appropriate. Please return with your Application Form.

Participant: First Name \_\_\_\_\_

Surname \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: H: \_\_\_\_\_

W: \_\_\_\_\_

M: \_\_\_\_\_

E: \_\_\_\_\_

#### Emergency Contact during period of Project:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**Please give details of any medical conditions, allergies, disabilities or Special Needs e.g. diabetes, asthma etc.**

\_\_\_\_\_  
\_\_\_\_\_

**Please give details of any current medical treatment, including medication.**

\_\_\_\_\_  
\_\_\_\_\_

NHS No: \_\_\_\_\_

Date of last tetanus injection: \_\_\_\_\_

Name of G.P: \_\_\_\_\_

Telephone number of G.P. \_\_\_\_\_

- I acknowledge receipt of and understanding the information regarding the Residential Project and consent to \_\_\_\_\_ participating.
- I have ensured that **he / she / I** understand(s) that it is important for **his / her / my** safety and for the safety of the group for **him / her / me** to behave in a reasonable manner and that any rules and instructions given by staff will be obeyed.
- I will inform the Course Administrator of any changes in **the health of the participant / my health** prior to the date of departure.
- I am in agreement that those in charge may give permission for my **son / daughter / ward / me** to receive medical treatment in the event of an emergency.

Signature of participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(if under 18)

Relationship with the participant \_\_\_\_\_  
(if applicable)

**Note: It is important for the safety and wellbeing of the participant and others on the Project that you provide details of ALL current and past medical conditions. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**