

Oakhanger Project

Annual Health & Consent Form for all Participants



Your details

Full name	
Address and Postcode	
Telephone number / Mobile	
E-mail address	
Date of Birth and Age	

Health information

Please give details of any relevant medical conditions, eg. asthma, diabetes, epilepsy, etc.	
Please give details of any allergies, eg. penicillin, plasters, etc.	
Please give details of any special needs.	
Name, address, telephone number of family doctor.	
Emergency contact details. (Full name and telephone)	

Consent

I understand that Oakhanger Project activities are, by nature, 'Risk Assumed Sports'. I also understand that all participants must abide by all Oakhanger Project rules and instructions, plus any local venue regulations.	<input type="checkbox"/>
For under 18s and vulnerable adults only – In the event of an incident or accident, I agree to my child receiving first aid from a suitably qualified person.	<input type="checkbox"/>
For under 18s and vulnerable adults only – I give permission for photographs to be taken, whilst involved in Oakhanger Project activities, and used for display or publicity purposes. YES / NO	
For under 18s and vulnerable adults only – I give consent for the above-named person to take part in Oakhanger Project activities.	<input type="checkbox"/>

Signed **Date**

Myself / Parent / Carer / Guardian / Other (Delete words which are not applicable).

Name (if different from above)