

# Adult Health & Consent Form

## Notts Scouts Adventure



### Personal Details

Name of adult:		Date of Birth:	
Emergency contact including address & contact details (including mobile phone number):			
If participating in water activities, please indicate if you can swim the following distances:	5 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	10 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	25 meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	50+ meters	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Medical Details

NHS Number:		Date of last tetanus jab:	
Doctor's name, address & contact details:	Relevant medical history:		
Details of any disabilities, medical conditions, allergies, additional needs, or cultural needs that organisers might need to be aware of:	Details of any treatments or medications currently being taken:		

### Consent

I confirm that this form has been completed as fully and accurately as possible. I will inform the centre if any of the information given on this form changes before the event takes place. By participating in this event, you consent to photography being captured for the purpose of promotion, unless you inform us otherwise.

Signed:		Date:	
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