

MEDICAL FORM



Please complete *one form for each person* and return with the booking form

Name:	DoB:
Any recent illnesses: Yes/No Details:	Are you receiving any medical treatment? Yes/No
Any allergies? e.g. medicines, food, bee stings etc <i>Instructors are not permitted to administer medicines or painkillers</i>	
Is your anti-tetanus injection up to date? Yes/No	Date if known:
Please give any further information you feel may be needed in an emergency or that instructors should be aware of e.g. phobia, hyperventilation, diabetes, motion sickness etc.	
Emergency Contact	
Name:	Mobile:
	Home:

MEDICAL CONSENT

I agree to be subject to the authority, guidance and discipline of the Instructors. In the event of an accident or illness requiring emergency treatment, I authorise any GP or hospital authority to administer any emergency measures required.

PHOTO CONSENT

I consent to any photographic material that includes images of myself, being used in any future articles or advertising material.

Signature:

Print Name:

Date:

Return with your booking form to:

Sailnorfolk, 1 Stakebridge Farm Cottages, Scottow, Norwich, NR10 5DQ