

# Antur Ruthin - Health and Consent Form - Confidential



Attendance of the participant to the activity will confirm that the information provided below remains accurate

<b>Participant Name</b>	
<b>Activity</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Contact Telephone Number</b>	
<b>E-Mail</b>	
<b>Alternative contact Number</b>	

I consent to the individual named above as participant taking part in the above activity

I Understand that Antur Ruthin may take photographs and video footage of the activity. I consent to Antur Ruthin using any photographs and video in which the participant named in this form may appear on official Antur Ruthin social media accounts and general promotional materials

Please tick the box if you agree to Antur Ruthin retaining your contact details in order to inform you of any up and coming and opportunities

I consent to Antur Ruthin holding and using the medical/health information provided on this form for the purposes set out below (including sharing the medical/health information with any individuals involved in the provision of the activity, medical professionals, first aiders):

1. To assess suitability to take part in the activity/course/trip in question;
2. To enable Antur Ruthin to adapt/adjust the activity/course/trip appropriately where this may be required;
3. To accommodate/be aware of any allergies;
4. To ensure the health and safety of all participants.

The medical/health information provided on this form will be held for the duration of the activity/activities and for a period of up to 3 months thereafter. However, in the event of an accident or incident the medical/health information and any additional relevant information recorded in relation to the accident/incident will be held for a period of 3 years after the participant in question reaches their 18th birthday.

I consent to an Antur Ruthin member of staff providing the participant with 'simple' treatment/medication and first aid

I consent to any emergency treatment necessary. I hereby authorise the Antur Ruthin staff, on my behalf, any written form of consent required by the hospital authorities should emergency medical treatment (a surgical operation or injection) be deemed necessary, provided that any delay in obtaining my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger the participant's life, health or wellbeing.

## Medical Information

Has the participant been in contact with any infectious illness during the last 3 weeks	Yes  No	If yes please provide details
Does the participant suffer from any medical conditions	Yes  No	If yes please provide details
Does the participant consider themselves to have an impairment (for example- Visual - physical - hearing - learning)	Yes  No	If yes please provide details
Is the participant allergic or intolerant to anything? (for example, penicillin - plasters - animals) Does the participant have any specific dietary requirements? (for example, vegetarian, vegan, pescatarian ,food allergies)	Yes  No	If yes please provide details
Does the participant suffer from any mental health or behavioural conditions?	Yes  No	If yes please provide details
Is the participant receiving medical treatment at present?	Yes  No	If yes please provide details
Is the participant a confident swimmer?	Yes  No	If yes please provide details
Name and address of participants doctor		
Date of last anti -tetanus injection?		

Participant Signature

Date: