



Medical & Consent Form

OUT ON THE DOWNS (Trading name of OUTDOORS ON THE DOWNS LTD)

1. Participant Details

Full Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

School/Organisation (if applicable): _____

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number(s): _____

3. Medical Information

Please provide details of any medical conditions, disabilities, or injuries we should be aware of:

4. Allergies and Medications

Does the participant have any allergies? If yes, please specify:

Is the participant currently taking any medication? If yes, please list:

5. GP Details

GP Name: _____

Practice Name: _____

Phone Number: _____

6. Consent for Emergency Medical Treatment

In the event of an emergency, I give permission for OUT ON THE DOWNS staff to administer first aid and seek medical treatment as necessary.

7. Consent for Participation

I give permission for the participant to take part in activities organised by OUT ON THE DOWNS. I understand that all reasonable care will be taken to ensure safety.

8. Data Protection

The information provided will be stored securely and used only for the purposes of administering activities and ensuring participant safety. For queries, contact info@outonthedowns.co.uk.

9. Declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

Name of Parent/Guardian: _____

Signature: _____

Date: _____