

GROUP MEDICAL SUMMARY



CENTRE:	COURSE / ACTIVITY:	DATE / RANGE:
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GROUP DETAILS

GROUP NAME

MAIN CONTACT NAME

EMAIL ADDRESS TELEPHONE NO.

PARTICIPANTS

Please complete the group list below and include any medical, allergy, disability and/or learning conditions which may affect participants taking part. Please include emergency contact information if not held within own paperwork.

	Participant Name	Medical Information	Emergency Contact (Name & Number)	Water Courses 50m Swim Ability
Group Leader				Yes / No
Participant 1				Yes / No
Participant 2				Yes / No
Participant 3				Yes / No
Participant 4				Yes / No
Participant 5				Yes / No
Participant 6				Yes / No
Participant 7				Yes / No
Participant 8				Yes / No
Participant 9				Yes / No
Participant 10				Yes / No
Participant 11				Yes / No
Participant 12				Yes / No
Staff				Yes / No

Notes:

DECLARATION

I confirm that I have informed as necessary all parents/guardians and obtained parental consent for all participants to take part in adventurous and physical activities. I consider them fit to participate in the activity. In the event of illness or accident I can consent to any necessary medical treatment which might include the use of anaesthetics. I accept the booking conditions which I have received with this form. If any illness or medical treatment occurs after the return of this form and prior to the activity, I undertake to inform the booking office in writing.

Instructor Name Signature Date

Groups must be assigned against our instructor ratios as follows; Land and roped activities have a maximum group size of 1:12. Paddlesport activities have a maximum group size of 1:8. Skiing activities have a maximum group size of 1:12. Snowboarding groups have a maximum group size of 1:8. Sailing activities have a maximum group size of 1:6 (some activity types are lower). Powerboating activities have a maximum group size of 1:3 (1:10 for river trips). Group leaders only count towards ratios if they are participating in activities. Please use more sheets as necessary.