

## SKYTREK /OUTDOOR ACTIVITY- HEALTH AND MEDICAL FORM

Course members participating in SKYTrek are putting themselves into a situation where trained and responsible adults may have to make decisions of care on their behalf. By participating in outdoor activities, members may experience environments and conditions where prior knowledge of details of health may prove vital in ensuring the full safety of the participants. For these reasons, we would like to have details of any medical conditions or health problems that may affect participating in SKYTrek.

For each course member, we would also like to have the name and telephone number of someone who may be contacted in cases of emergency.

**GROUP:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Person to be contacted during visit – (emergency situations only) Name & contact no:**  
 (E.g. Head teacher, Youth Worker etc.) \_\_\_\_\_

This form can either be returned by post or email before the course begins, or it can be brought along and handed in when your group arrives. All information will remain confidential to the staff working with the young people concerned.

Separate to these requirements have you as group organizer, secured from each of your members, a medical waiver / release statement, signed by a parent or guardian, and consenting to emergency medical treatment should circumstances demand? **Yes / No**

	COURSE MEMBER	CONTACT NAME	PHONE NO.	HEALTH COMPLAINTS/MEDICAL CONDITIONS
Activity Group 1	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
Leader				

	COURSE MEMBER	CONTACT NAME	PHONE NO.	HEALTH COMPLAINTS/MEDICAL CONDITIONS
Activity Group _____	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
Leader				

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Activity Group _____	1.			
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	9.			
	10.			
	11.			
	12.			
Leader				