

CHILD

BATTLELANDS ACTIVITY MEDICAL & RISK DECLARATION

YOUR MAIN ACTIVITY OR BOOKING REFERENCE

CHILD FIRST NAME		DATE ATTENDING	DD	MM	YY
CHILD SURNAME		CHILD DATE OF BIRTH	DD	MM	YY
YOUR PHONE NUMBER		CHILD AGE			
YOUR HOME ADDRESS		CHILD GENDER	MALE	FEMALE	N/A
YOUR POSTCODE		RELATIONSHIP TO CHILD	PARENT	GUARDIAN	TEACHER

IN THE LAST 5 YEARS HAVE THEY SUFFERED FROM ANY INJURY OR COMPLAINT WITH THE FOLLOWING (circle yes or no)

LEGS	YES	NO	EARS	YES	NO	DIABETES	YES	NO	ASTHMA	YES	NO
ARMS	YES	NO	LUNGS	YES	NO	EPILEPSY	YES	NO	EYESIGHT	YES	NO
BACK	YES	NO	HEART	YES	NO	DIZZINESS	YES	NO	ALLERGIES	YES	NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE DESCRIBE THE ISSUE (continue on reverse if required)

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ANY OTHER SPECIAL NEEDS OR MEDICAL REQUIREMENTS (circle yes or no. If yes please describe the issue)

	YES	NO
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I AM HAPPY FOR PHOTOGRAPHS OF MY CHILD TO APPEAR ON SOCIAL MEDIA

ANY OTHER INFORMATION: (e.g. special dietary needs, phobias, fears or anything else to note)

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Medical Conditions: Please make us aware of any medical conditions that your child might require support with so we can be best prepared to assist them. They will not be excluded from any activity on account of their condition unless we believe that it may cause danger to them or others.

Medication: At the start of the session, you must inform the instructor of any medication they are taking. If a minor needs to take prescription drugs during a session, we must receive notice from an appropriate adult in writing. If they have an inhaler please ensure they bring it with them and keep it accessible.

Personal Items : Battlelands cannot take responsibility for loss or damage to any personal possessions, valuables or clothing brought to our activity sessions, locations, accommodation or left in vehicles.

I confirm that I have read and understood the information in this document and have completed the medical declaration to the best of my knowledge. My child does NOT have any medical conditions or uncorrected defective eyesight that may preclude them from undertaking the activities or could cause a danger to themselves and/or others. Battlelands has done their utmost to assess and manage any risk, however I understand my child is about to undertake a strenuous outdoor activity which by its nature has an inherent and inevitable level of risk which, however small, cannot be eliminated entirely. They will not do anything that may jeopardise their own or others safety. They will comply with the instructions given by Battlelands team and understand they have the right to take emergency action and make related decisions in the case of such action being considered necessary. I acknowledge photographs are taken for training and promotional purposes (Please write on this form if you do not wish to be photographed). **Signing this declaration does not affect your legal rights or our obligations towards you.**

I understand and agree to the above statements (Signatory must be the parent or guardian if under 16)

SIGNED	NAME				
	DATE	DD	MM	YY	