

CRS ADVENTURES

YOUNG PERSON MEDICAL

DAY VISIT WITH CRS ADVENTURES HOLNE PARK, DEVON.

VISIT DETAILS

Date of Visit: 14th March 2017

Activities participating in: Stream dipping, Water cycle game, Making a bird feeder & Welly walk

PARTICIPANT DETAILS

Name of Participant:..... Date of Birth:.....

Address:.....

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Post Code:

Name of Emergency Contact:

Emergency Contact No. Daytime:..... Evening:.....

NHS Medical Card Number:..... Name of Doctor:.....

Surgery:..... Surgery Tel.No:.....

Do you suffer from the following?

Asthma or bronchitis	YES	NO	Severe Headaches	YES	NO
Taking any medication	YES	NO	Epilepsy	YES	NO
Sight or hearing needs	YES	NO	Back Injuries	YES	NO
Heart Condition	YES	NO	Diabetes	YES	NO
Fits, fainting or blackouts	YES	NO	Dental Problems	YES	NO
Travel Sickness	YES	NO			
Allergies to any known drugs	YES	NO			
Allergies to food, pollen, dust, insect stings			YES	NO	
Any other illness / special need / relevant medical condition	YES	NO			
Recent (3 months) surgical or medical treatment	YES	NO			
Contact in last 3 Months with anyone with a contagious infectious disease			YES	NO	

Please provide details if the answer was YES to any of the above questions:

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Date of last TETANUS vaccination:.....

Any Special dietary requirements:.....

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YOUNG PERSON CONSENT FORM

At CRS Adventures we are committed to a process of learning through experiencing outdoor activities. We recognise that hazards and risks are real, and that they are an inescapable part of the path to challenge, adventure and fun. The safety of the participant is our primary concern, therefore to re-assure you we would like to make you aware of the following policy, this is designed to minimise potential hazards regarding a visit with CRS Adventures limited.

Our commitment to you is that risk is managed and minimised using the following best practice:

- CRS Adventures is licensed under the Activity Centres (Young Persons Safety) Act 1995 as licensed to provide specified activities under the headings: Climbing, Caving, Trekking and Water Sports. As an organisation we are also subject to assessment and inspections by National Bodies and independent organisations: Mountain Leader Training board (MLTB), British Canoe Union (BCU), Adventure Activity Licensing Authority (AALA), Technical Advisors for each Activity Sector and the Fire Service.
- A rigorous assessment of the risks and safe working practice procedure is applied to all parts of the programme.
- CRS Adventures staff are trained and monitored to ensure that they operate according to our safe working practices.
- Our safety equipment will be in good working condition.
- Hazards and risks will be identified and communicated to participants before each activity.
- The programme will be monitored and if need be altered to reflect any emerging safety issues (e.g. adverse changes in the weather.)

Your commitment to us to help us manage and minimise the risks:

- Participants will actively take responsibility for their own behaviour.
- All activities are to be entered into willingly.
- Participants must disclose any medical conditions.
- Participants should understand the nature of the activities in which they are participating.
- Participants agree to abide by the expertise and decisions of the CRS Adventures Staff.
- Participants should be suitably attired, in accordance with the "activity clothing list".

DECLARATION

As Parent / Guardian of (Print Name) I expressly acknowledge and realise the inherent risks and dangers associated with the activities at CRS Adventures and the possibility of serious physical and/or mental trauma or injury or death that may result from participation in such activities, which include, but are not limited to outdoor adventurous activities. I knowingly, freely, and voluntarily agree to assume any dangers, risks, and non-economic and economic losses associated with such participation. This includes risks and dangers caused by my own actions or inaction.

I have understood the nature of the adventurous outdoor activity with CRS Adventures limited and agree to the participant taking part.

I also agree that:

- He / She fit to participate in the visit.
- He /she will comply with the "commitment" stated above.
- If my next of kin cannot be contacted, I give permission for any emergency dental or medical treatment to be authorised by the party leader whilst the group is away from home.
- Under the Data Protection Act, I authorise CRS Adventures to "file" the information on this form for the sole use of this visit.
- In the event of an accident or any damage, loss injury or death I acknowledge that the company will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities (except for death or personal injury caused by the company's negligence) and I waiver all and any claims against the company in this respect.

Signature of Parent / GuardianDate.....

Occasionally, CRS Adventures and River Dart Country Park take photos for marketing materials if you agree for us to use these images please sign and date below.

Signature of Parent / Guardian..... Date.....