



# Health Declaration

Name:	Date of Birth:
Home Address:	Term Time Address:
Post Code:	Post Code:
Telephone:	Telephone:
Doctors Details:	Emergency Contact:
Doctors Name:	Name:
Surgery Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:

**Please give details of:**

Any medical conditions: (e.g. Asthma, Diabetes, ect):	
Any medication being taken at present:	Any allergies (especially medication):
Any other relevant information:	

**Emergency Treatment**

<p>In the event of being unable to make a decision I DO/DO NOT give my permission for the event /course organiser or their appointed First Aider to sign for emergency treatment deemed necessary by a doctor on my behalf. I accept that MASUK Ltd is not under any liability whatsoever in respect of loss or damage to personal property, not caused by the negligence or default of MASUK Ltd, its suppliers, its agents and employees whilst attending the course. I have had my attention drawn to the information on insurance cover, terms and conditions. <b>Participation in adventurous activities entails some risk of injury. MASUK Ltd staff are trained and appropriately qualified to run activity sessions and will at all times proceed in a manner to limit the risk of injury. However participants accept that accidents and injury may occur.</b></p>		
Signed:	Print Name:	Date: