

# MEDICAL & CONSENT FORM

**ORGANISING BODY:** CHASE TRAINING SOLUTIONS  
**ACTIVITY:** SILVER DUKE OF EDINBURGH'S QUALIFYING EXPEDITION  
**VENUE:** LONG MYND AREA (SHROPSHIRE)  
**DATES:** 25<sup>th</sup> – 27<sup>th</sup> JUNE 2018

*This part must be completed and signed by a parent or guardian if the participant is under 18 years old, and by the participant themselves if over 18 years old and returned to Chase Training Solutions. Please complete this form using CAPITAL LETTERS and deleting as appropriate.*

Full name of participant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## PERMISSION

I acknowledge receipt of, and understand the information of the expedition, and consent to the above named participating.

**NOTE: It is important for the safety and well-being of yourself and others, that you provide details of ALL current and past medical conditions. It is extremely unlikely that any medical condition would lead to you not being accepted on expedition. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

- I understand the nature of an expedition in that it is a journey through Rural/ Open Countryside, which will be supervised in accordance with the conditions of the DofE, and also that **he / she / I** may be transported to and from the start and finish points of the expedition in private vehicles, with appropriate insurance, and that **he / she / I** may be in mixed gender teams.
- I have ensured that **he / she / I** understand(s) that it is important for **his / her / my** safety, and for the safety of the team, for **him / her / me** to behave in a reasonable manner, and that any instructions given by staff will be obeyed.
- I will inform the Chase Training Solutions of any changes in the health of the **participants / my** health, prior to the date of departure.
- I agree that those in charge may give permission for my **son / daughter / me** to receive medical treatment in the event of an emergency.

## MEDICAL DETAILS

Name and address of young person's Doctor: \_\_\_\_\_  
\_\_\_\_\_ Doctor's Telephone Number: \_\_\_\_\_

Details of any **infectious disease** with which there has been any known contact within the last three weeks: \_\_\_\_\_

Details of any **medicine / diet / treatment**, which is being taken / followed (*including medication needed whilst at the expedition*): \_\_\_\_\_

Details of **known allergies / sensitivities** (e.g. Penicillin): \_\_\_\_\_

Date of last Anti-Tetanus injection: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

## CONTACT DETAILS OF PARENT / GUARDIAN DURING THE EXPEDITION

Address: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

## PHOTO CONSENT

Chase Training Solutions often takes photographs or video film for publicity purposes. These images may appear in our printed publications, on our website, or both. We may also send them to the news media or to sponsors for further publication. May we use your image(s) if over 18 years of age, or those of your child(ren) if under 18 years of age.

Yes / No

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent / guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_



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