



www.beaulieudevelopmentcentre.co.uk

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Confidential Medical Questionnaire And Consent Form - Adults

Name of your group Date of visit / /
First name Surname
Address
Telephone Postcode
Date of birth Age Male / Female
Name of next of kin Relationship to participant
Next of kin's contact address during the course (if different to above) Post Code
Contact No. home Work Mobile
Name & address of participant's Doctor

Telephone No NHS No. (If Known)

Have you had any of the following?

Table with 6 columns: Condition, Yes, No, Condition, Yes, No. Rows include Asthma or bronchitis, Heart condition, Fits, fainting or blackouts, Severe headaches, Diabetes, Allergies to any known medication, Any other allergies, e.g. food, plasters, Other illness or disability, Travel sickness, Regular medication, Any condition that could be affected by physical activity.

Have you been given specific medical advice to follow in emergencies? Yes No
Have you been vaccinated against tetanus in the last 10 years? Yes No
Are you receiving medical or surgical treatment of any kind from either a doctor or hospital? Yes No
Any special dietary requirements? Yes No

If the answer to any of the above questions is YES, please give details overleaf.

Beaulieu Development Centre occasionally takes photographs of visitors for publicity purposes to include brochures, presentations, displays or in booklets, newsletters or publicity. Please tick here if you object

I confirm that I am the above named participant. I am in good health and I consider myself to be capable of taking part in the activities available at Beaulieu Development Centre. In the event of illness or accident I consent to necessary medical treatment which might include the use of anaesthetics. In the event of any illness or medical treatment occurring after the return of this form and prior to the activity I undertake to inform the party leader or Beaulieu Development Centre.

Signed Please print name here

Data Protection Act 1998. The above data will be retained securely in compliance with the act.

