

## Outreach Course Participant Agreement and Medical Form

OUTREACH courses will generally involve participants in outdoor, as well as indoor activities. These activities may include some lifting, balancing, climbing, walking, swimming and other forms of physical activity. The degree of physical input in any activity is ultimately determined by the participant.

**Please read and complete the information following and overleaf**

*I confirm that I am fully fit for operational duties in accordance with my service requirements for this role.*

*I understand the description I have received regarding the Outreach course I am attending.*

*I agree to follow Outreach guidelines, safety briefs and general requirements.*

*I agree to hold Outreach blameless from any and all liabilities that may arise from participation in the activities where such guidelines and requirements are not followed.*

*I will monitor my level of participation accordingly and report any changes immediately to Outreach staff.*

*I will take all reasonable precautions to ensure my own health and safety and that of others both during supervised activity and private time whilst on my Outreach course and on Outreach property.*

*I will not use alcohol or any other substance in any way or time during my course such that it might affect my decision making or participation.*

*I will inform Outreach instructors during the initial course briefing if any of the details submitted change prior to attendance.*

**(Outreach reserve the right to exclude any individual from training, at any stage, if they have concerns regarding their health and / or fitness.)**

**The information below and overleaf forms part of this agreement.**

The medical information provided will be treated in confidence and used only to ensure the safety and welfare of participants or to assist medical personnel make a diagnosis or give treatment in the event of an emergency arising during the period of the course.

**In signing below I accept all conditions as above and confirm the accuracy of the information that follows.**

**Participant's Signature:**

**Date:**

**Name of course attending and dates:**




**PLEASE ANSWER ALL SECTIONS:**

**Full Name:**

**Current Home Address:**

Postcode:

**Telephone Numbers:**

**Home:**

**Work:**

**Mobile:**

**E-mail:**

**Date of Birth:**

**Height:**

**Weight:**

**Male / Female**

**Date of Last Medical:**

**Name & Address of Doctor:**

Postcode:

**Name & Address of the Person to be Contacted in an Emergency:**

Postcode:

**Telephone Number of Above:**

**Have you been given specific medical advice to follow in emergencies?**

**YES / NO**

**If YES Please Give Details (use an additional sheet if required for any of the questions below)**

**Have You Been or Are Currently Affected by Any of the Following?**

Dyslexia	YES / NO	Coronary Problems	YES / NO
Asthma / Bronchitis	YES / NO	Fits, Fainting. Blackouts	YES / NO
Back / Neck problems	YES / NO	Giddiness / difficulty with balance	YES / NO
Knee / Joint Problems	YES / NO	High Blood Pressure	YES / NO
Severe Headaches	YES / NO	Psychiatric illness	YES / NO
Uncorrected visual impairment	YES / NO	Diabetes	YES / NO

**If you have answered YES to any of these sections please give details of condition, date of last occurrence if applicable & current restrictions imposed:**

**Have you been vaccinated against Tetanus in the last 5 years?**

YES / NO

**Have You Had Any Recent Surgery Or Injury?**

YES / NO

**If YES Please Give Details** (type, date, restrictions)

**Do You Have Any Condition(s) or Old Injuries Affecting Participation?**

YES / NO

**If YES Please Give Details** (type, date, restrictions)

**Do You Have Any Conditions Requiring Prescribed Drugs or Medications?**

YES / NO

**If YES Please Give Details** (condition, name of drugs, dosage)

**Are you bringing the Above Named Drugs/Medications with you?**

YES / NO

**Do You Have Any Allergies (drugs / bee stings etc)?**

YES / NO

**If YES Please Give Details:**

**Do You Have Any Special Dietary Needs?**

YES / NO

**If YES Please Give Details:**

**Can You Swim?**

YES / NO

**If YES, More Or Less Than 25m?**

MORE / LESS

**FOR WOMEN ONLY: Are You Pregnant?**

YES / NO