

# Guest & Medical Information

Please complete all questions on this form fully and honestly. The information provided will be treated in the strictest confidence and is essential in order to allow The Kepplewrap Trust to provide appropriate medical help and support, if required. This form should be completed by all members of the group including adults.

Name of Group	Arrival Date:
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First Name:	Surname:	Date of Birth:
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Home Address:	Post Code:
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	Emergency Contact	Second Emergency Contact	Doctors Surgery
<b>Name</b>			
<b>Address</b>			
<b>Tel No.</b>			
<b>Mobile No.</b>			
<b>Relationship</b>			

**Dietary Information:** Please state any dietary preferences below, eg. vegetarian, Halal, etc. If you have a food allergy, please ensure you have completed the relevant question on page 2.

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<b>Swimming Ability</b>	<b>Confident Swimmer</b>	<b>Yes / No</b>	<b>Able to swim 50 metres</b>	<b>Yes / No</b>
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**The Kepplewrap Centre**

Broughton in Furness Cumbria LA20 6HE

Tel: 01229 716936 E-mail: stay@kepplewrap.org.uk Web: www.kepplewrap.org.uk

A Christian Charity – Registered Charity Number: 1015762



## Have you ever had?

		Yes/No	Details: Please use a continuation sheet if required.
1	Heart trouble, angina, raised blood pressure?	Y / N	
2	Asthma, bronchitis, tuberculosis or other lung conditions?	Y / N	
3	Diabetes?	Y / N	
4	Epilepsy?	Y / N	
5	Allergy to foods (e.g., nuts, dairy produce etc.)?	Y / N	
6	Other allergic reactions (e.g., bee stings, detergent.)?	Y / N	
7	Nervous illness, depression or other psychiatric condition?	Y / N	
8	History of broken bones, muscle tears or tendon/ligament damage?	Y / N	
9	Severe hearing or visual impairments?	Y / N	
10	Fainting attacks, migraine or severe head injury?	Y / N	
11	Are you suffering from, or are you a carrier of, any infectious diseases, or have you travelled from an area where you may have been exposed?	Y / N	
12	Are you taking any medication? (If so, please state the condition being treated, name the medication, state the dosage details and ensure that you bring enough.)	Y / N	
13	Do you have, or suffer from, any other diagnosed medical or physical condition or is there anything else you wish us to know about?	Y / N	

I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THIS FORM IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT:

**If participant is over 18, the participant must hand sign below:**

**Signature:** ..... **Date:** .....

During your time at the Centre, The Keppleway Trust may take photographs or video clips to be used in our marketing material, and on social media and websites.

Please tick this box if you consent to The Trust's use of images or footage of you.

**If participant is under 18, a parent/guardian must sign below and by signing you endorse the following statement:**

"I consent to the above named person participating in the course and consent to them taking part in all activities. In the event of an emergency and The Keppleway Trust being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain their well-being."

**Signature:** ..... **Date:** .....

**Print Name:** ..... **Relationship:** .....

<b>FOR OFFICE USED ONLY:</b>	
<b>Received</b> (Initial)	<b>Date:</b>

