

Group Medical and Consent Form

All under 18's must have written parental consent to take part in any activity. You must ensure that all participants or parents provide information on any medical conditions and that any required medication is available on the day.

Group name: _____ **Date of activities:** _____

Group leader: _____

Phone: _____ **Email:** _____

Address: _____

_____ **Postcode:** _____

Activity description: _____ **Number in group:** _____

Listing your group's details below completes our records; please make sure you have the copies of medical forms and parental consent with you on the day. If as an organiser you hold detailed records for each participant, you can provide these as an alternative to the completion of this form.

Name	Age	Parental consent given (if under 18)	Any medical conditions?	If yes, give details (use back of sheet)	Photo permissions?
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No
_____	_____	Yes / No	Yes / No	_____	Yes / No

Name: _____ **Signed:** _____ **Date:** _____