



Medical Form

This form must be filled out for all persons attending a Fourth Dimension Course, and signed by a legal guardian for those under 18. The information given is confidential and is only available to those staff of 4th Dimension who need to know for reasons of safety etc. After each course they are destroyed.

Name: _____

Course Dates: _____

Contact Address: _____

_____ Post code: _____

Telephone: _____

National Health No: _____

In an emergency, please contact _____ Tel. _____

Medical Information

Please give details of any medical conditions that may affect the course members ability, including advice given by a doctor. Course members are rarely excluded from an activity due to a medical condition, so please do not miss anything out.

Please indicate if the course member will be taking any medication during the course, and who is responsible for it.

***Please note** Fourth Dimension staff are not allowed to administer any medicines whatsoever, and do not have any medications available such as insect creams or aspirin. However, instructors are trained in first aid, carry first aid kits and will look after medications for children (e.g. inhalers) if written evidence is given that the medication is required.*

Dietary Information

Please include any special diets, food allergies etc. (e.g. vegetarian, peanut allergy etc). NO FADS OR DON'T LIKES!

I can swim 50 metres in light clothing: YES / NO

(Answering NO does not automatically preclude you from canoeing, as all participants wear a buoyancy aid)

Signature: _____ (parent / legal guardian if under 18)