(Treated as Confidential Once Completed)

Please complete each section of this form in full and return it to your Group Leader

Group Name: Date of Visit:

**Child’s Personal Details**

Child’s Name: Sex: Date of Birth:

Doctors Name, Address & Phone number:

National Health Number: Date of last Tetanus vaccination:

Name & Address of person to contact in an emergency:

Telephone Number of person to contact in an emergency:

Name, Address & Phone Number of Parent/Guardian (if different to above)

**Dietary requirements** please tick relevant boxes below *(Halal and Pescatarian diets will be catered as vegetarian)*

**Vegetarian** o **Vegan** o **Diabetic** o  **Coeliac**  o **Other Restrictions** o **please specify below:**

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**Does your child have a Food Allergy or Intolerance**: NO o YES  If YES, you MUST complete a **Special Diet Request Form G** and return this with a copy of any relevant Care plan for your child.

### Medical Information

Existing ailments can be exacerbated or increase the risk of further injury, some minor physical exertion will result in participating in the course. Please provide specific relevant health or medical information.

**Please tick if your child has or currently suffers from any of the following:**

**Allergies** o **Asthma** o **Back/Neck Problems** o **Diabetes** o **Epilepsy** o **Heart Problems** o

**Joint Problems** o **Raised/Low Blood Pressure** o **Bone weakening condition** o **Other**  o

Please give more detail if you have ticked any of the above

Does your child take medication? Yes / No If **YES** please state condition

Dosage Required:

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child’s ability to take part, including the ability to follow safety instructions both for Activities, and in the rare and unlikely event of an emergency? Yes / No

If you have answered **YES** to any of the questions above, please explain

In signing this form, you:

1. Agree for information detailed within this form to be shared with Hilltop and third-party sub-contractors Hilltop engage for the purposes of providing the service.
2. Give your consent as the Parent or Guardian for this child to attend the course and to be given first aid and medical assistance as necessary.
3. Ensure the child attending (named above) understands it is not compulsory to attempt the activities.

Hilltop has public liability insurance of £10 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but as with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event including cancellation and curtailment cover.

Signed by Parent/Guardian: Date:

Print name Parent/Guardian:

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.