

Sussex Woodsman

Traditional Skills In A Digital World

Medical Consent Form

NAME:

ADDRESS:

.....

POSTCODE:

TELEPHONE: EMAIL:

DATE OF BIRTH (required for medical permissions below):

MEDICAL INFORMATION

All medical information is treated in strictest confidence and will only be divulged to authorised medical authorities should the need for professional medical treatment be required, if you prefer NOT to divulge a medical condition you may have, on the understanding that it may effect the treatment you receive should the need arise, then please indicate as such below. Medical consent forms are returned to the customer upon successful completion of their course, except, where they have been used in the provision of professional medical care or treatment.

Please give details of any medical condition(s) which might affect your performance/safety on the course:

.....

Do you suffer from any condition requiring medical treatment? If yes, please detail any prescribed medication:

.....

Do you suffer from any known allergies (inc. allergies to medication)? If yes, please give details:

.....

Have you received a Tetanus injection within the last ten years?

In the event of a serious injury, who should we contact on your behalf?

Name: Contact number:

Are they your next of kin? If no, please give details of next of kin:

I understand that in consideration of participating in the course and that by signing this Consent Form, I indemnify Sussex Woodsman, its officers and staff and declare the following:

- That I am of sufficient physical fitness to participate in the course.
- That I agree to abide by the safety policies as set out by Sussex Woodsman.
- That I recognise that the course has inherent risks, including injury and possible loss of life and Sussex Woodsman, its officers, instructors and staff are hereby indemnified against any claim for injury to my person or loss of life, both now and at any time in the future by myself, my heirs or beneficiaries.
- That I agree to receiving emergency medical treatment as considered necessary by the authorised medical authorities, including the administering of an anaesthetic & that I have declared all known allergies and medical conditions.
- That Sussex Woodsman, its Instructors and staff will not be held liable to me now or at any time in the future for any loss, expense, damage or claim that I might have against them for any damage to my person or property as a result of my participating in this course.

SIGNATURE DATE:

NAME (PLEASE PRINT):