This information is used to help ensure the activities used are suitable for the participants. The information is also used for Cumulus staff members who are supervising/instructing / the groups/individuals during the activities/ residential. At the end of the activity/ residential, all information is destroyed after 3 years. It is recommended that participants consult with their GP to gain advice on the suitability of attending if they have any conditions.

|  |  |
| --- | --- |
| PARTICIPANT  |  |
| NAME: |  |
| SCHOOL/ ORGANISATION: |  |
| ADDRESS: |  |
| DATE OF BIRTH: |  |
| MEDICAL PRACTICE:(address and number) |  |
| DOCTORS NAME: |  |

|  |  |  |
| --- | --- | --- |
| MEDICAL | YES/NO | IF YES, PLEASE SPECIFY: |
| MEDICAL CONDITIONS*(Please continue overleaf if required)**Such as: Asthma, Epilepsy*  |  |  |

|  |  |  |
| --- | --- | --- |
| DIETARY  | YES/NO | IF YES, PLEASE SPECIFY: |
| DIETARY REQUIREMENTS*(Including those of religious beliefs)* |  |  |

I (parent / guardian…………………………………………………………..) certify the above information to be correct.

Signature ………………………………………… Date …………………………………………