



SMYP Young person's climbing medical form

Participants full name:

School / Education Centre (if applicable):

Full name of parent / carer / next of kin:

Emergency contact number (and contact name if different from above):

Name and address of family doctor: _____

_____ Phone Number: _____

Please give details of any medical conditions / disabilities that apply to your child i.e. asthma, allergies to foods, medicines, pollen, stings, plants etc. Include details of any medication taken or anything else we need to take in to consideration when planning the programme.

Has your child received vaccination against Tetanus?

YES / NO

I agree / do not agree (circle as appropriate) for my child to have his/her photograph taken and/or be filmed during activities with SMYP and understand that some of these images may be used for promotional purposes for SMYP.

I agree / do not agree (circle as appropriate) to my son / daughter receiving emergency medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. I will keep St Mary's Youth Project of any changes in medical information.

British Mountaineering Council Participation Statement

The BMC recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

I understand that by completing the medical form, I give permission for my child to take part in the climbing activity that has been organised by St Mary's Youth Project.

Signed: _____

Printed: _____

Date: _____

Relationship to young person: _____