



# Adult medical form

Participants full name:

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Full name of next of kin:

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

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Name and address of family doctor: \_\_\_\_\_

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\_\_\_\_\_ 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.

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Has you received vaccination against Tetanus?

**YES / NO**

**I agree / do not agree** (circle as appropriate) to have my 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 receive 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.

**I understand that, while the staff in charge of the group will take all reasonable care of the all participants, they cannot be held responsible for any loss or damage to material items.**

**Signed:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**Date:** \_\_\_\_\_