



## MEDICAL FORM 2021 – CONFIDENTIAL

**This form must be returned with your enrolment form and deposit**

APPLICANT INFORMATION (Please complete in block capitals)					
First Name			Surname		
Address					
Telephone (H)			Mobile		
Email					
Date of birth			Age		Male/Female
Nationality			First language		
Parent/ Guardian name if under 18					
Name and Address of Family Doctor					
Do you have private medical insurance cover?	YES/NO (delete as applicable)				
If yes name, address and policy number					

## MEDICAL HISTORY

Does you suffer from (circle as appropriate)	Asthma    Eczema    Epilepsy    Diabetes
If yes please give brief details	
Do you have any allergies to food, medication, stings? Please give details	
Are you on any special diet? If yes, please give details	

## MEDICAL HISTORY

Have you had any operations or severe illnesses?	
<p><b>Special Needs/Disabilities</b></p> <p>Please provide details of any special needs or disabilities.</p> <p>PLEASE NOTE the VENUE IS NOT SUITABLE FOR WHEELCHAIR ACCESS or any mobility difficulties, due to the STEEP TERRAIN.</p>	
<p><b>Epi-Pens</b> If you carry an epi-pen, please bring two epi-pens.</p>	