



Cormonachan Community Woodlands Ltd.

The Secretary, Cruach House, Carrick Castle, Argyll, PA24 8AF

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ADULT MEDICAL INFORMATION & CONSENT FOR 2023/2024

Medical Information for all participants over 16

PERSONAL DETAILS OF PARTICIPANT

Participant's Full Name:

Mobile:

Emergency Contact/Next of Kin:-

Title: Name:

Relationship to Participant:

Telephone:

Mobile:

MEDICAL INFORMATION

Do you have any relevant medical conditions or injuries that we need to be aware of?

YES / NO

If YES, please give details:

Are you currently taking any relevant medication? YES / NO

If YES, please give details:

ANY OTHER RELEVANT INFORMATION (All information provided is strictly confidential)

ACKNOWLEDGEMENT/CONSENT

I acknowledge that there is a degree of risk in all volunteering activities.

I consent to participating in the activities and am medically fit to do so and if there are any changes to my medical conditions stated above, Cormonachan Community Woodlands Ltd will be advised at each event attended.

I acknowledge receipt of information about the volunteering activities and that Cormonachan Community Woodlands Ltd has Public Liability Insurance cover. Photographs and videos may be taken of participants. I will contact the Team Leader of the day if I do not wish to appear in these.

SIGNED

PRINT

DATE