

## Medical Form

**To Be Filled Out By Group Leader And Returned Prior To The Activity**  
**Leaders should include themselves on this form even if you are not doing activity**

Name Of Person	Sex	Age	Next Of Kin Whilst On Activity	Telephone Home	Number Work	Medical Issues, Or Allergies, Non-Swimmers Mark As Such

**The group of the above give permission for Waterland Staff to administer First Aid or other Life Saving Treatment to any injured person and authorise the company to take any person to hospital if required. This form has been filled in to the best of my ability and I agree the information it is accurate. All non- swimmers and non-water confident persons MUST be notified to the Company. Participants in water based activities must be made aware that some medical condition can pose additional risk e.g. epilepsy, asthma diabetes and heart condition.**

**Signed On Behalf Of Group** .....

**Date** .....