



### Details of the visit or activity

Title of visit or activity	NASC Swim Camp October 2018 – Corralejo, Fuerteventura	
Location/venue	Oasis Papagayo Resort, Corralejo, Fuerteventura	
Date(s) of visit or activity	25th to 31st October 2020	
Nature of activities	Swim Training Camp	
Venue/provider information		

### Details of participant

Surname	
Forename	
Date of birth	
Gender	
Address	
Postcode	
Mobile Tel:	

### Emergency contact telephone details

Name	
Relationship	
Home Tel	
Work Tel	
Mobile Tel	
Address if different from participant whilst visit takes place. Alternative names, relationship and numbers	

### Doctor's Information

Doctor		Phone	
Address			

**If the participant has a medical condition please discuss with your doctor and inform your Visit Leader before completing the form.** This would not normally exclude someone from participating in an off-site visit or activity. It is important that sufficient necessary medication is brought on the visit and that the Visit Leader is made aware of this in good time.

### Medical & Behavioural Information

<b>Please answer Yes or No to each statement about the participant</b>		<b>Please delete</b>
Has the participant had any serious illness within the last two months?		Yes/No
Is the participant recovering from an accident, injury or broken limb?		Yes/No
Does the participant have epilepsy, seizures, convulsions or absencing?		Yes/No
Diabetes?		Yes/No
Asthma?		Yes/No
Heart condition?		Yes/No
Any allergies, including historical reactions to medication?		Yes/No
Any medical including historical, behavioural or other condition which may have an impact?		Yes/No
Is the participant taking any medication?		Yes/No

If the answer to any of these questions is yes or if there is any other relevant information which will enable us to support and care for the participant during the visit please give details here or attach further information.

Has the participant had a tetanus injection?	Yes/No/Unknown	Date if known	
Do you consider the participant to be medically fit?	Yes/No		

### Medical Treatment during the visit or activity

Participants sometimes need treatment for minor conditions such as headaches. If the participant regularly uses non-prescribed medication please consult your Visit Leader beforehand.	Please delete
I give consent for the Visit Leader to make available previously used non-prescribed medication to the participant. I understand that I will be consulted by telephone before this takes place and that a record of dosage will be kept.	Yes/No

### Swimming and Water Confidence

It may not necessary for participants to be able to swim on a visit or activity, but for some they may need to be water confident. Please indicate ability and confidence.	Ability & confidence of participant	Please delete
	Swimmer (at least 25m)	Yes/No
	Water confident	Yes/No

### Dietary Information

Please indicate any food allergies or dietary requirements e.g. food allergy, vegetarian.

### Consent

I consent to the participant attending this educational off-site visit or activity provided by Northallerton ASC . I have received full information about the itinerary and programme, understand the nature of the visit and agree to the participant engaging in all the activities described. I understand that the programme may be changed by the Visit Leader in conjunction with any external provider due to weather or for other reasons. I also understand that the participant must adhere to the code of conduct and behaviour as set out by the Visit Leader

The information I have provided in this form is accurate at signing and I agree to Northallerton ASC adding this information to their electronic management information systems and agree to inform the Visit Leader as soon as possible of any changes between now and the start of the visit.

I agree to the participant receiving medication as instructed above and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. **(Please delete and initial any of the above you do not wish to give consent to).**

Name of Parent/Guardian/Carer (Unless the participant is over 16yrs and living independently)		Signature	
Relationship to Participant		Date	