MEDICAL & CONSENT FORM

ORGANISING BODY: **CHASE TRAINING SOLUTIONS LIMITED**
ACTIVITY: **BRONZE TRAINING – LORDSWOOD**
VENUE: **REDDITCH/BROMSGROVE AREA**
DATES: **17TH -18TH SEPTEMBER 2026**

This part must be completed and signed by a parent or carer, if the participant is under 18 years old, and by the participant themselves if over 18 years old and returned to your DofE Leader at your school/ organisation. Please complete this form using CAPITAL LETTERS and deleting as appropriate.

Full name of participant: _____

Date of birth: _____

PERMISSION

I acknowledge receipt of, and understand the information of the expedition, and consent to the above named participating.

NOTE: It is important for the safety and well-being of yourself and others, that you provide details of ALL current and past medical conditions. It is extremely unlikely that any medical condition would lead to you not being accepted on expedition. THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

- I understand the nature of an expedition in that it is a journey through open countryside, which will be supervised in accordance with the conditions of the DofE, and that **he / she / I** may be transported to and from the start and finish points of the expedition in private vehicles, with appropriate insurance, and that **he / she / I** may be in mixed gender teams.
- I have ensured that **he / she / I** understand(s) that it is important for **his / her / my** safety, and for the safety of the team, for **him / her / me** to behave in a reasonable manner, and that any instructions given by staff will be obeyed.
- I will inform the Chase Training Solutions Limited of any changes in the health of the **participants / my** health, prior to the date of departure.
- I agree that those in charge may give permission for my **son / daughter / me** to receive medical treatment in the event of an emergency.

MEDICAL DETAILS

Name and address of young person's Doctor: _____

Doctor's Telephone Number: _____

Details of any **infectious disease** with which there has been any known contact within the last three weeks:

_____

Details of any **medicine / diet / treatment**, which is being taken / followed *(including medication needed whilst at the event):*

_____

Details of any known **medical or mental health condition**; or **non-medical personal situation**, prior to partaking, which could directly or indirectly affect **your** / **your child's** participation and / or interaction with other young people, supporting Chase Training Solutions Limited's staff, or other adults present, during the activity, e.g. ASD, ADHD, epilepsy, anxiety, learning disability, physical disability, injury, etc. (continue overleaf, if necessary). *This information will be kept in the strictest confidence and only used to ensure that participants receive the support necessary to enable, where possible, a positive outcome to their participation in the activity.*

_____

Details of **known allergies / sensitivities** (e.g. Penicillin): _____

Date of last Anti-Tetanus injection: _____

Any special dietary requirements: _____

CONTACT DETAILS OF PARENT/CARER DURING THE EVENT

Address: _____

Telephone Day: _____ Evening: _____ Mobile: _____

PHOTO CONSENT

Chase Training Solutions Limited often takes photographs or video film for publicity purposes. These images may appear in our printed publications, on our website, or both. We may also send them to the news media or to sponsors for further publication. May we use your image(s) if over 18 years of age, or those of your child(ren) if under 18 years of age.

Yes / No

Signature of participant: _____ **Date:** _____

Signature of parent / carer (if under 18): _____ **Date:** _____

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