

**DI Practise Student Medical Form**

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| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Address |  |
| Contact Telephone Number |  |
| Emergency Contact Name (Next of Kin) |  |
| Emergency Contact Telephone Number |  |

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| **Medical Conditions**Are there any medical conditions or medication we should be aware of for your safety on the water?\*Yes/No\*Please detail**Special Consideration** Are there any other reasons why you believe you may require some special consideration, or adjustment during the course? This might include a disability, medical condition or additional need.\*Yes/No\*Please detail |

**Please read this statement:**

In the event of illness or any accident requiring emergency hospital treatment, where the delay required to obtain my signature is considered inadvisable by the doctor or surgeon, I authorise the Senior Instructor to sign any form of consent that may be required.

Delete as appropriate I accept/Do not accept Signed (participant)..................................date..........

# \*If participant is over 18 at the date the activities begin, this section should be completed by them. If under 18 at this date, this section should be completed by that participant’s parent/guardian.