



Compulsory Medical Information and Consent Form

Strictly Private & Confidential

It is vital that we receive completed and signed forms at least 2 weeks prior to arrival. This information is a compulsory health and safety requirement for your visit. We require completed forms from **everyone attending.**

The Lake District Calvert Trust
 Little Crosthwaite, Keswick, Cumbria, CA12 4QD
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bookings@calvertlakes.org.uk

Registered Charity Number: 270923

Group (or Course) Name:	
Date of Visit: From:	To:
Course/Event Ref. No.:	

1) Participant Details

Name:	Date of Birth:
Address:	Gender
Postcode:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Phone:	
Mobile:	

Next of Kin / Emergency contact	Your GP's Details
Name: Relationship:	Doctor's Name:
Address:	Address:
Postcode:	Postcode:
Daytime phone:	Telephone:
Evening phone:	
Mobile phone:	

2) Details of Disability

Do you have:

A Physical Disability
 A Learning Disability
 A Sensory Impairment
 Autism Spectrum Disorder (ASD)
 Other (please specify)
 No Disability

Please identify your disability:

Additional Conditions: (e.g. epilepsy – please give details, asthma, behavioural issues, diabetes, heart condition, back injury, contagious diseases, allergies etc.)

Any Equipment Requirements: (e.g. hoist/shower chair/raisable-profiling bed)

Prescribed Drugs:

Name: _____ Quantity and Frequency: _____

3) Mobility

Please tick all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> I walk independently | <input type="checkbox"/> I use a manual wheelchair | <input type="checkbox"/> I can transfer unassisted |
| <input type="checkbox"/> I walk with assistance | <input type="checkbox"/> I use a powered wheelchair | <input type="checkbox"/> I can transfer with assistance |
| <input type="checkbox"/> I use walking aids | <input type="checkbox"/> My wheelchair can be clamped into a minibus and I travel in it | <input type="checkbox"/> I require a hoist for transfers |

Any other information: _____

4) Dietary Requirements

Do you have any specific dietary requirements or food allergies? (including nuts, citrus fruits, etc.)

- Yes (Please give full details on page 3 – ‘Dietary Requirements’) No

PLEASE NOTE: Catering for dietary requirements cannot be guaranteed unless this form is received 2 weeks prior to arrival.

5) Weight/Height

Weight: _____

Height: _____

Please note this that information is required for horse riding which for safety reasons has a weight limit of 82kg (12 stone, 12lbs), although trap driving may be possible for those weighing up to 115kg (18 stone), as well as to ensure participant safety on bikes, during climbing activities and some other activities.

6) Swimming Ability

Please tick all that apply:

- | | |
|--|---|
| <input type="checkbox"/> I am able to swim 50 metres | <input type="checkbox"/> I am water confident in a pool |
| <input type="checkbox"/> I am confident in open inland water | <input type="checkbox"/> I am safety conscious in water |

7) Your privacy is important to us

Your information will not be shared with any third parties. We will use this information to manage your health and safety while you participate in a course or activities with the Lake District Calvert Trust. In the event of a medical emergency this information may be shared with emergency services and the Trust may also produce anonymised statistical data to report on meeting our equality targets and charitable objectives or to support research. Our full Privacy Policy can be found on our website at www.calvertlakes.org.uk

Photo/Media consent

We really appreciate participant consent across select media to promote the work of the charity. Please indicate below where this CAN be used. We will never include your name without your consent.

- Website Social Media Newsletters Brochures

Keeping in touch

We would like to keep you informed about the charity and the services we provide. If you would like to receive this information please indicate below how you would like to be contacted.

- Email Phone Mail You can opt out at any time by contacting us.

8) Ethnicity (optional)

Providing the following information is optional and will only be used for statistical analysis. Please tick the box that most closely describes your/the participant's ethnicity.

- | | | |
|--|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black / African / Caribbean / Black British | <input type="checkbox"/> Asian / Asian British |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Mixed / Multiple Ethnic Groups | <input type="checkbox"/> Other Ethnic Group |

9) IMPORTANT! Consent to be signed by participant (OR if under 18 by parent or guardian)

The above information is, to the best of my knowledge, correct. I undertake to inform the Calvert Trust of any relevant changes in medical circumstances and I give my consent for emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities. I am aware of the nature of the organisation, that there is an element of risk in outdoor activities and I voluntarily accept the risks involved.

Signature: _____ PRINT NAME: _____ Date: _____
(Participant/Parent/Guardian*) *Please delete as appropriate



DIETARY REQUIREMENTS

We take great pride in producing healthy home cooked meals which are appealing to everyone. We try and cover all preferences and dietary requirements with our food, however if we have prior notice of dietary needs we are more likely to be able to offer a broader range of meals.

We do not offer chips on a daily basis, but these can be made available in small quantities by special request.

We are able to offer certain Halal products as long we are notified in writing at 2 weeks before your visit. Unfortunately we are unable to offer kosher products.

You can find more information, sample menus & photographs of our food on our website:
<http://www.calvertlakes.org.uk/dining>

Please complete the following but please do not simply list any 'dislikes'.

Group (or Course) Name:		
Date of Visit: From:	To:	Participant Name:

Please complete the following:

1. Are you: a) Vegetarian b) Vegan c) Neither

2. a) Do you have an **allergy, intolerance or sensitivity** to any of the following (please tick):

	Gluten		Lactose		Dairy		Eggs
	Soya		Yeast		Shellfish		Fish
	Peanuts		Other Nuts		Tomato		Other (see 2b)

- b) If ANY of the above are ticked, please provide further details of the symptoms including the severity:

.....

3. Any other allergy, intolerance or sensitivity not listed above (including symptoms and severity)?

.....

4. Do you require meals to be soft/mashed/blended? If yes, please give details:

.....

5. Any other dietary requirements?

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