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Group Medical and Consent Form

(For residential stays and activity courses at or associated with the Horstead Centre)

GROUP NAME			GROUP LEADER NAME		
DATE			LIST ACTIVITIES		
Address					
			Post Code		
Telephone numbers:	Daytime		Evening		
Ŋ	Mobile		Email		
It is the responsibility of the group leader to notify the senior instructor at the Horstead Centre (before session starts) of any medical conditions or allergies relating to any member of the group that could affect their participation in the anticipated activities.					
NAME		CONDITION	I		
I hereby agree to the group participating in activities at The Horstead Centre, on the date specified above. I declare that the group is water confident, and to best of my knowledge, does not have any undisclosed medical condition which could affect participation in the course, or require specific assistance. Medical conditions need not necessarily prevent participation, but the instructor MUST be made aware of any potential problem.					
As the Group Leader					
Signed Group Leader			Date		





