



## Health and Emergency Contact Form

This form must be completed by:

- all adults 18 years old or over participating in or working on (paid or voluntary) activities run by Heathery Heights
- parent/guardian/appointed responsible adult of those under the age of 18 who are participating in activities run by Heathery Heights

<b>Surname:</b>	
<b>First name:</b>	
<b>Date of birth:</b>	
<b>Address:</b>	
<b>Mobile number:</b>	<b>Email:</b>
<b>Event/Activity Details</b>  1) Name of Lead Contact/Organiser (please provide us with the full name of the person who booked this excursion/activity):  2) Name/Location of Activity Booked:  3) Date of Excursion/Activity (please provide us with the date your are participating and note that this form must be completed no more than 48 hours before that date):	
<b>Emergency contact 1 name:</b> <b>Telephone:</b> <b>How do they know the participant?:</b>	
<b>Emergency contact 2 name:</b> <b>Telephone:</b> <b>How do they know the participant?:</b>	
<b>Do you* have any known allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> (please give details below)</b>	
<b>Do you* have any medical conditions/illnesses/disabilities or other special requirements that are relevant to this event/activity? No <input type="checkbox"/> Yes <input type="checkbox"/> (please give details below)</b>	
<b>Please include any medication you* are taking:</b>	

**Are you\* currently receiving any medical treatment? No ☐ Yes ☐ (please give details below)**

**Dietary preferences (ie vegan, gluten free):**

**Consent for photography. Yes ☐**

We love to capture the beautiful moments and wonderful scenery while we are out on activities with clients. Please tick this box to let us know that you are happy for Heathery Heights to take photos and video footage on the day, which may be used in future marketing material.

**Coronavirus: you agree that you will not, under any circumstances, attend this activity if: you are currently experiencing symptoms; have experienced symptoms in the last 10 days; have been in contact with any person showing symptoms within the last 10 days; have been asked to isolate through 'track & trace'. You agree to adhere to government guidelines, look after yourself and others and maintain social distancing measures (2m) throughout the activity.**

**Signature:**

**Date:**

**Printed Name:**

Please ensure all details are up-to-date for the day of the activity. Where possible please send the completed form electronically 24 hours prior to the booking. Any changes must be notified on the day. If you cannot send the form please bring it with you. Health forms will be destroyed regularly (at least once per month) unless required for legal purposes. For more information on our Privacy Policy please visit [www.heatheryheights.co.uk](http://www.heatheryheights.co.uk)

\*or the participant (if you, as the responsible adult, are completing this form for a person under 18 years)