



## Medical Risk Acknowledgement Form

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by the Blue Light staff. It is essential that this form is completed fully, and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff to understand any special needs that the participant may have. This information is confidential, and access is restricted to programme staff, except in cases where harm or loss is likely to occur without disclosure of this information.

Please be aware some activities have a maximum weight of 120kg and others 150kg. For this reason, please enter below the participant's current weight.

If any participant is under the influence of drugs or alcohol, they will not partake in the activities listed below.

<b>Date of Activity:</b>							
<b>Blue Light Branch / Group:</b>							
<b>Participant's Full Name:</b>							
<b>Date of Birth:</b>		<b>Weight:</b>		<b>Age:</b>		<b>Gender:</b>	M / F
<i>(If under 18) Name of Parent / Guardian giving consent &amp; filling in this form</i>							
<b>Name:</b>							
<b>Relationship to participant:</b>							
<b>Email:</b>							
<b>Contact Number:</b>							
<b>Address &amp; Postcode:</b>							

### HEALTH AND MEDICAL INFORMATION

Please provide as much information as possible, as this will enable us to better meet the needs of the participant. We aim to make activities inclusive, not exclusive, whilst maintaining safety.

If the space provided is inadequate for a complete description, or if there are other medical condition/s we should be aware of, please provide details on a separate sheet of paper and attach to this form.

Does the participant have (or ever had) any of the following - <i>(Please tick)</i>			
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Phobias
<input type="checkbox"/>	Heart Conditions	<input type="checkbox"/>	Learning Difficulty
<input type="checkbox"/>	Neck / Back / Head Injuries	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Joint/Muscle damage	<input type="checkbox"/>	Re-occurring Nose Bleeds
<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Colour Blindness
<input type="checkbox"/>	Dislocations		
<input type="checkbox"/>	Broken Bones		
<input type="checkbox"/>	Asthma		
<input type="checkbox"/>	Travel Sickness		
<input type="checkbox"/>	Dizzy Spells		
<input type="checkbox"/>	Other:		

*If you require additional information or there are changes to the participant's health prior to the programme, please contact Blue Light  
0800 BLUELIGHT (0800 258 354)*



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<b>Medical Alert Number:</b> <i>(If applicable)</i>	
<b>Date of last tetanus Injection:</b>	
<b>Is the participant taking medication?</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state reason. ..... .....
	<b>Name of Medications:</b>
	<b>Dosage/s &amp; time(s) to be taken:</b>
<b>Any dietary requirements?</b> – <i>Please specify:</i>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state reason. ..... .....
<b>Has the participant had any major injuries (breaks or strains) or illness (e.g., Glandular fever etc) in the last 6 months that may limit full participation in any activities?</b> – <i>Please specify:</i>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please state illness. ..... .....
<b>Is the participant allergic to any of the following?</b> - <i>Please specify:</i>	<b>Prescription Medicine?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Food?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Insect Bites / Stings?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify. ..... .....
	<b>Other Allergies?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> - Please specify .....

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	<b>Treatment Required? – Please specify:</b> ..... .....
<b>Tick the medication you are happy for Blue Light to administer</b>	<input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Antihistamine <input type="checkbox"/> Habitrol <b>Other:</b> ..... .....
<b>Does the participant have any physical disabilities?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please provide details ..... .....
<b>Does the participant have any skin conditions or infected wounds?</b> (E.g. scabies, eczema)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details ..... .....
<b>Is there any other information that staff should know to ensure the physical &amp; emotional safety of the participant.</b> (E.g. – Cultural practices, disability, anxiety about heights / darkness / small spaces / swimming, pregnancy, behavioural / emotional difficulties)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details ..... ..... .....
<b>Does the participant have any learning difficulties, is neuro-diverse, or has any mental health challenges?</b> (E.g. Dyslexia / ADHD / Autism, mental health concerns – Suicide / self-harm behaviours)	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details ..... .....
<b>Please tick if the participant does any of the following</b>	<input type="checkbox"/> Vape <input type="checkbox"/> Smoke  Please note all Blue Light sites are <b>Smoke Free</b>
<b>Participant's Swimming Ability - Please circle</b>	<b>Minimal Ability</b> <b>Can swim up to 50m</b> <b>Can swim 100m or more</b>

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**Please tick / circle the following:**

	I agree to my child receiving emergency medical care from medical authorities if necessary		
	I am the legal guardian for this participant		
	Do you have any - Court Ordered Custodial Agreements in place <i>Please attach a copy of the court order</i>	YES	NO
	<b>Tick this box if you give permission for us to take photos of you / your child whilst attending the program – these may be used for advertising and/or social media purposes</b>		

Please ensure your child is aware when participating in activities with Blue Light they may be partaking in high-risk recreational activities that involve heights, uneven surfaces, equipment, water, and be near public roads which present hazards if safety instructions are not followed.

At Blue Light we manage risk with trained staff and safety equipment. However, participating in any activity has an element of risks, below is a list of activities offered.

Every programme is created differently, students will have a selection of activities to try, these will be organised by the Programme Coordinator.

ACTIVITIES			

**I acknowledge that risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognise that accidents may occur.**

The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, well-being, and successful conduct of the participants as a group or individually in the above-mentioned activity (s). If my young person becomes ill or is accidentally injured, Blue Light may obtain on my behalf whatever medical treatment my young person requires at my expense.

I understand that if I recklessly or intentionally, and don't follow the rules or instructions set out by Blue Light and the instructor, which I have been made aware of, Blue Light will not be held responsible for any injury, damage, or loss I cause to myself/my property, or another person/their property, resulting from my action (or lack of action)

PARENT/GUARDIAN \_\_\_\_\_  
Print Name
Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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