NEXT OF KIN / EMERGENCY CONTACT DETAILS

Please complete this form on behalf of your child if they are under 18 years of age

Your full name:
Course you are attending:
Date[s] of course:
Please list any allergies, current medication and/or medical conditions including Epipen: **Allergies:** **Current Medication:** **Any medical conditions:** **'Epipen & Anaphylaxis': Please provide details of condition and if required to administer also on water. Please state if you have suitable waterproof case? Yes / No** **Details of severe allergy:**
If course is on water: Do you have colour blindness in particular to red/green? Yes / No (delete as applicable)
If course is on the water can you swim a minimum of 25m? Yes / No (delete as applicable)
Name of Next of kin/emergency contact:
Relationship to candidate (you):
Contact telephone include mobile/landline:
I declare that I do not have any health/medical conditions that will impede or put anyone at risk while whilst attending this course. (Or relevant details mentioned below).
Signed ……