



Health Declaration

To assist us in ensuring your full safety and comfort during your time at the centre, please read and complete this form.

Your Personal Details

Name:

Date of Birth:

I confirm that I can swim a distance of 50metres or more Yes / No

Details of any medical treatment being received (if none, write none)

.....
.....
.....

Are you pregnant? Yes / No

I am physically fit and able to take part in the training activity. An illness/disability will not necessarily prevent you from attending a course however it is essential that the school is made aware. (Contact your own GP for advice if necessary)

I declare that to the best of my knowledge, I am not suffering from epilepsy, disability, black outs, fainting, asthma, diabetes, angina, or other heart conditions, and I am fit and able to participate in the course.

Signature: Date:

For participants **under** 18 years of age a parent or guardian must countersign the declaration below.

Signature:Parent / Guardian Date:.....

In an emergency please contact.

Name:

Contact details i.e. phone no:

Relationship: