



Medical Information & Consent Form

BHive Activity Hub, Bowling Harbour, West Dunbartonshire, G60 5AF.

W: bowlingharbour.co.uk E: activities@scottishcanals.co.uk T: 08700 500 208

Please complete per participant and in BLOCK Capitals

Activity		Date(s)	
Participants Full Name		Age	
Contact Telephone		Date of birth	
Home Address			
Contact Email			

All staff are fully trained and PVG Disclosed. You acknowledge that there may not be a female member of staff onsite at the BHive. If not, please speak to a member of the BHive staff.	Y / N
Are you happy for the BHIVE to take photographs and video clips for marketing and training purposes?	Y / N
Can we use the contact information above to inform you of special offers?	Y / N
Are you / Is the participant able to swim 25m in light clothing?	Y / N

Participants Medical Information			
Please ensure any medical conditions, disabilities or medical issues are disclosed to Staff.	Y / N	Please give details, including history, dates and medication below.	Medication available Y / N
1. Have you had any injuries in the past 6 months?			
2. Heart trouble, angina, raised blood pressure?			
3. Asthma, bronchitis, tuberculosis or other lung conditions?			
4. Diabetes?			
5. Epilepsy, severe head injury?			
6. Allergy to foods (e.g. nuts, dairy produce etc.)?			
7. Other allergic reactions (e.g. bee stings, detergent.)?			
8. Are you currently taking any medication which may affect the activity?			
9. Other?			

GP and Contact Number	
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Emergency Contact Full Name	
Relationship to you / the participant	
Contact Phone number	

Please continue overleaf



Trustpilot

All information provided will be treated as confidential. BHIVE reserves the right to refuse to take individuals who do not have the correct medication with them on activities. Most specifically asthma inhalers. BHIVE offers activities that are of an outdoor and adventurous nature, while all reasonable efforts are made to minimise risks we cannot eliminate them completely and participants are advised to dress for the Scottish weather. If at any time you feel that there is an unacceptable level of risk being taken, please inform one of our Staff. BHIVE shall not be liable for any loss or damage to goods, property, equipment, clothes or any other articles brought onto the premises by lessee or third party. In the event of an emergency situation, your child will be supervised by one member of staff in the Activity Hub.

In signing for a participant under the age of 18 years of age, you endorse the following statement: "I consent for the above named person participating in the visit stated on this form along with any medication they may need. I have ensured their willingness to participate in all aspects of the visit. BHive will have 2 qualified Activity Leaders on site supervising your child throughout. In the event of an emergency and the BHIVE being unable to contact me, you agree that supervision may decrease to one Activity Leader and that you give permission for any medical treatment deemed necessary, to ensure the well-being of the above named person, to take place".

Data Protection

Scottish Canals respects your privacy. The information provided on this form will be used for safeguarding purposes, to contact your parent/guardian/next of kin in the event of an emergency, medical or otherwise, and to send you information on related activities and events if you have consented to receive these. Your information will not be shared with or sold to any third parties. For more information on how we use and protect your information, and how to exercise your data subject rights, please see our privacy policy in full on our website <https://www.scottishcanals.co.uk/privacy-policy/>

I DECLARE THAT ALL MEDICAL & ENROLMENT INFORMATION ON THIS FORM IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION.

PLEASE SIGN BELOW

PRINT Name	Signature (of parent or guardian if participant is <u>under 18</u>)	Date
	<p>Please state relationship to participant:</p>	
For Staff		

EVENTS