

**MEDICAL FORMS COVER SHEET**

NB: *Please provide another form if further information is required.*

Name of group	
Date of visit	

**Instructors need to be aware of the following participants' specific medical needs:**

Name of participant	Medical details

When you share your personal data with us we treat it with care and take our responsibility to protect it seriously. We store medical forms in a secure location and retain your forms for 6 months from the date of your visit. After this time any confidential information is destroyed unless there has been an accident during our activities, in the case of which we would keep the information with the accident form for 5 years in case of litigation. **Group leaders, please be advised that our instructors need immediate access to this information at all times. If you wish to have this form available for your own use while you are with us, please make an additional copy to keep with you.**

*Leader's name*.....

*Leader's signature*.....

*Contact number*.....