

Highland Wildrides

Medical Information

Name

Please provide any medical information that may affect your ability to take part in the activity you wish to participate in. i.e. Epilepsy/Diabetes/Asthma/Allergies/Pregnancy etc.

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Do you carry medication with you to treat this condition – if so whereabouts could a member of Wildrides staff find this in an emergency, and at what dosage should it be given? i.e. EpiPen/Ventalin inhaler/Insulin

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Have you had any contact with infectious diseases in the past four weeks? If yes, please give details

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In case of emergency

It may be necessary for medical assistance to be obtained for you whilst you are unable to communicate your agreement.

Name to contact

Telephone Number Mobile

Relationship

- I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed.
- I authorise any staff member of Highland Wildrides Ltd to administer my prescribed medication in the event of my needing it in an emergency situation.
- I understand that Highland Wildrides Ltd accept no responsibility for loss, damage or injury caused by or during the attendance on any of the activities, except where such loss, damage or injury can be shown to be the result directly from the negligence of Highland Wildrides Ltd.

I Hereby give permission for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature

Print Full Name Date