**Mountain Sojourns Confidential Medical Declaration**

**Name…………………………………………………………………**

**D.O.B (under 18yrs old only)…………………**

**Course……………………………………………………………..Start Date………………**

**Home Address………………………………………………………………………………...**

**Postcode……………… Tel.landline ………………………………Mob. Tel.…………………**

**Person with parental responsibility (***to be contacted in event of emergency)*

**Name…………………………………………………………………………………**

**Address………………………………………………………………………………………………**

**Postcode……………….. Mob. Tel…………………………….**

**Do you have a medical condition? YES / NO**

**If yes what is the nature of your medical condition?**

Do you have any other conditions or Disability Yes/No

Are you receiving any medication for any condition? Yes /No

Are you suffering from any injury? Yes/ No

**If you answered yes to any of the above questions please give further information.**

**It is your responsibility to make known any potential medical conditions that may affect your own personal safety during the activities associated with the course/event.**

**Signed Date**