**NAME:**

**DATE OF BIRTH:**

**MEDICAL INFORMATION AND IMPAIRMENTS**

|  |
| --- |
| If you declared that you or your child have a medical condition or physical or mental impairment that the organiser needs to be aware of because it may affect your ability to take part in the course please provide details below. This would include, but is not limited to conditions such as asthma, epilepsy, allergies, angina or other heart condition, including any treatment being received. |

**SPECIAL CATEGORY DATA**

I confirm that I have given the Organiser the medical information listed on this page (if any) for the purposes of my, or my child’s participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organiser’s legal obligations.

I agree / I do not agree (Please circle)

**NOTE:** All paper and electronic copies of this form will be destroyed following completion of the course.