## BLUE PERIS Confidential -Adult -Over 18 Personal Details/ Medical Form

Course date booked:		School/college if applicable.			
Surname:	Forename:	,	National Health No.	Age:	Sex:
Home address:		Email:			
		Home Tel:			
		Mob:			
		Date of birth:			
Next of kin and Address:		Doctors name and ad	dress (student's):		
24h Contact Tel:		Contact Tel:			
Work Tel:		Email:			
participate (continue on another sheet if necessary). We Failure to disclose relevant information may result in you ENSURE that information is up to date in view of the da Are you receiving any regular medical treatment? Give details and the required dose	ou being put in a	situation that endange		worse.	
Swimming ability: (please circle distance)		Non swimmer	25m		50+m
Details of any special dietary requirements e.g. vegetaria	nn, Halal or food a	illergies:			