



**LETCWORTH EDUCATIONAL SETTLEMENT**  
229 Nevells Road, Letchworth Garden City, SG6 4UB  
Registered Charity No 311085

### MEDICAL FORM

**This form must be completed by any learner enrolled on a course or workshop involving physical activity.**

<b>Course/workshop</b>	
<b>Start date</b>	
<b>LEARNER DETAILS</b>	
First and last names	
Home Address	
Post code	
Contact telephone number	
<b>EMERGENCY CONTACT DETAILS</b>	
First and last names	
Home Address	
Post code	
Contact telephone number	
Relationship to learner	
<b>MEDICAL CONDITIONS:</b> Please provide details of any medical conditions, including any medication taken	
<i>Details</i>	
<b>ALLERGIES:</b> Please provide details of any allergies e.g nut, penicillin, hayfever	
<i>Details</i>	
<b>MEDICATION:</b> Please provide details of any medication that you will bring to the course/workshop.	
<i>Details</i>	

**OTHER INFORMATION:** Please provide any other information that may affect your participation on the course/workshop.

*Details*

In the unlikely event that an emergency medical situation arises, for the administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary, can the Settlement, taking all reasonable steps, act on your behalf? **YES/NO**

**By signing this form I confirm that:**

- I have provided all relevant, necessary and up to date medical and other information. I understand it is my responsibility to inform the Settlement of any changes to this information.
- I will not hold the Settlement, or its staff or tutors, liable for any injuries received, either directly or indirectly, as a result of my participation on the course/workshop.

**Signed**

**Date**

Please return your signed form to the Settlement Office, either by email to [info@lethworthsettlement.org.uk](mailto:info@lethworthsettlement.org.uk) or in person, at least **3** days before the start date of the course/workshop.

All information provided will be held confidentially.