

# Challenge Walk Medical Form

## Challenge Walk

### Applicant Details

Team Name	
Applicant Name	
Date of Birth	
Address	
Post Code	
Telephone Number	
Email Address	
Emergency Contact Names	
Emergency Contact Numbers	

### Medical Information

<b>Medical Information</b> Please indicate any medical conditions/Allergies/Disabilities/Medication or any other medical treatment
<b>Name and Address of GP</b>

It is advised to tell your team leader of any relevant medical conditions prior to walking.

### Parental Consent

Please make sure that this section is signed by a responsible adult If the applicant is under the age of 18

I give permission for any Emergency medical or surgical treatment that may be considered necessary by the appropriate medical authorities	
<b>Parent Signature</b>	
<b>Date</b>	
<b>Parent Name</b>	

This Medical form must be completed in full and handed in to the booking office on the day of the walk.  
The form should be used for all walkers on all walks

By participating in this event, you consent to photography being captured for the purpose of promotion.  
Should you not consent to this, please email [photoconsent@nesst.org.uk](mailto:photoconsent@nesst.org.uk)