



Contact and Medical Information Form

1. Participant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female Other Prefer not to say

Address: _____

Phone Number (s): _____

Email: _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Number(s): _____

2. Medical History

(Please tick any that apply and provide details where necessary)

- Asthma
- Diabetes
- Epilepsy/seizures
- Heart condition
- High/low blood pressure
- Allergies (food, insect stings, medication, etc.)
- Anxiety, depression, or other mental health conditions
- Musculoskeletal injuries (e.g., knee, back, ankle issues)
- Other (please specify): _____

If ticked, give details below

(e.g., severity, triggers, medications, last episode):

4. Dietary Requirements

- Vegetarian
- Vegan
- Gluten-free
- Nut allergy
- Lactose intolerant
- Other (please specify): _____

5. Physical Fitness & Limitations

Do you have any physical conditions or limitations that may affect participation in outdoor activities (e.g., hiking, carrying a backpack, uneven terrain)?

Yes No

If yes, please explain:

6. Consent and Declaration

Please read and sign the declaration below:

I confirm that the information I have provided is accurate and complete. I understand that bushcraft and tracking activities can involve physical exertion and may take place in remote locations without immediate access to emergency services. I accept responsibility for managing my personal medical needs and will bring any required medications or equipment with me. I agree to inform the course instructor of any changes to my health prior to or during the course.

Signature: _____

Date: ____ / ____ / ____

3. Medications

Are you currently taking any medications?

Yes No

If yes, please list (include dosage and reason):

Do you carry an EpiPen or inhaler?

Yes No