

FHS-005 Students Medical Declaration & Consent Form

(Please use CAPITAL letters)

Personal Details	
Surname:	Forename(s):
Email:	Date of Birth:
Home Address:	
Postcode:	Contact Telephone Number:
Can swim 50m in light clothing:	Yes No (This is for information only)
Water-confidence:	Very confident Quite confident Not very confident Not at all confident (Indicate as appropriate)

GP Details
Surgery/ GP Name:
Address:
Postcode:
Telephone Number:

Dietary Details
Do you have any special dietary requirements that we need to be aware of? Yes / No (If yes, please give details.)
Any known food allergy? Yes / No (If yes, please give as much detail as you can, is this life threatening, is there any danger of anaphylaxis.)

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Medical Details

Do you have any medical conditions, including exemption from wearing a face mask or are you receiving treatment for any medical conditions that UKSA need to be aware of? **Yes / No**

If yes, please give details.

Do you have any defect in your vision? **Yes / No**

Do you have any impairment with your hearing? **Yes / No**

Do you suffer from depression or experience any mental health difficulties? **Yes / No**

Do you have any restrictions with your movement? **Yes / No**

COVID-19 TESTS CONSENT (If under 17 years this section must be completed by parent/Legal Guardian). *Consent for both tests are required.*

I consent to taking a PCR COVID Test and sharing the results with UKSA. **Yes / No**

I consent to taking a COVID lateral-flow test every 5-7 days and sharing the results with UKSA. **Yes / No**

Are you taking any medications that UKSA need to be aware of? **Yes / No**

If yes, please give details.

Have you been diagnosed as dyslexic? **Yes / No**

Do you have any specific learning disability or any behavioural needs? **Yes / No**

If yes, please accurately describe below:

Do you have a statement of special educational needs? **Yes / No**

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Next of Kin Details	
Surname:	Forename(s):
Relationship to you:	
Home Address:	
Postcode:	Contact Telephone Number:
Email:	
Surname:	Forename(s):
Relationship to you:	
Home Address:	
Postcode:	Contact Telephone Number:
Email:	

Media Consent (if under 17 this section must be filled out by Parent/Legal guardian)	
Photo Consent: please tick the box only if you agree.	
<input type="checkbox"/>	I am happy for photos and videos to be taken of me / my child for the purposes of coaching and for marketing UKSA as an organisation. This may include use on our website, printed material, videos and social media. Names of children are never placed alongside photos.
Declarations children only (if under 17 this section must be filled out by Parent/Legal guardian)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	As a charity, in order to accurately report on our impact, we would like to ask you if your child is entitled to free school meals. You do not have to answer this question.
<input type="checkbox"/>	If I / my child will be returning to UKSA this academic year, I am happy for UKSA to retain this information and I accept responsibility for notifying UKSA of any changes to the supplied information.
Signed	Date

Consent to Share/Release Medical Data	
Do you consent to UKSA and, where appropriate, the Occupational Health Department at St Mary's Hospital, to request, share and release your medical data?	
<input type="checkbox"/>	I consent for UKSA and, where appropriate, the Occupational Health Department at St Mary's Hospital, to request, share and release my medical data for the purpose of full disclosure – for example for an occupational health referral to be made, to gain further information from my GP and/or Specialist. This list is not exhaustive.
Declarations	
I declare that the information given above is accurate and true, and that I have not knowingly withheld any information. I declare I will notify UKSA immediately if I or anyone in my household develops COVID-19 symptoms.	
I understand that to knowingly withhold information could result in the termination of my contract/my child's training with UKSA without a refund. Should you wish to read our full Privacy Notice it can be read at uksa.org/privacy-policy-cookies	
Signed:	Date: