



Woodcraft School – Participant Medical Information Form

1. Participant Information

Full Name: _____
Date of Birth: ____ / ____ / ____
Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
Address: _____
Phone Number: _____
Email: _____
Emergency Contact Name: _____
Relationship: _____
Emergency Contact Number: _____

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 any were ticked, please give relevant details (e.g., severity, triggers, medications, last episode):
- _____

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

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: ____ / ____ / ____