

Medical Declaration Form – One Per Individual
 THIS FORM SHOULD BE ATTACHED TO A COURSE OR TUTORIAL FORM
The Pinnacle Climbing Centre, Northampton
 Unit 1, Minton Business Centre, Main Road, Far Cotton, Northampton, NN4 8ES
 Tel: 01604 875996
 Email: climbing@thepinnaclecentre.co.uk www.thepinnaclecentre.co.uk

Name: _____ DOB: _____

Name and relationship of declaring individual: _____ Date: _____

Medical condition or illness (please give explanation in layman's terms where necessary):

Action required in case of emergency:

Additional information required by emergency services:

Emergency Contact Details:

Name: _____ Relation: _____

Tel No.: _____ Mobile No.: _____

Address: _____

Doc. Name	Medical Declaration Form	Doc. Ref.	MDF001	Version	1
Amended by	KCG	Date	23/07/11		