

# Medical and Consent Form 2021

## Volunteers & Visitors



### To be filled out by the person attending the trip

It is essential that we have up to date medical information for all Volunteers/Visitors attending an Ellen MacArthur Cancer Trust trip.

To be filled in YEARLY by the volunteer attending the trip. We do not retain medical information from previous years, therefore even if you have sailed with us previously, the form must be completed IN FULL.

**Note:** On your trip you will be taking part in adventurous activities, which can involve some personal risk. It is a legal requirement that before starting any activity you fully complete the following medical declaration. The information will help us to decide what precautions are needed so that we can keep you safe.

**PLEASE COMPLETE FORM IN BLUE OR BLACK INK**

### PART A – Your details

**Full Name:**  **Known as:**   
**Mobile Telephone:**  **Home Telephone:**   
**Email address:**

*\* We require an email address for pre-trip information and post-trip feedback/photos. Please provide an email address which you check regularly.*

**Address:**   
 **Postcode:**

**Date of birth:**  **Gender:** Male  Female  Prefer to self describe:

**Height:**  **Weight:**  *We ask this to ensure we have the appropriate size life-jacket ready for you when you arrive for your trip.*

**Swimming ability:** Swimmer  Non-Swimmer  *Being able to swim is not a necessity and we will not be going swimming. Life-jackets are provided at all times when on the water.*

**Approximate clothing size:** XS  S  M  L  XL  XXL  XXXL

**Ethnic background:** *We ask about ethnicity to make sure we are engaged with all eligible people, regardless of ethnic background. Without this information, we can't tell if we're achieving this.*

**White** British  Irish  Gypsy or Irish Traveller  Other

**Mixed / Multiple** White and Black Caribbean  White and Black African  White and Asian  Other

**Asian / Asian British** Indian  Pakistani  Bangladeshi  Chinese  Other

**Black / Black British** Caribbean  African  Other

**Other ethnic group** Arab  Other

### PART B – Emergency contacts & Trusted person

Please provide as many details as possible for **two emergency contacts**, who we can contact in the event of an emergency. **We must have two emergency contacts.** We also ask that you indicate **one 'trusted person', who you consent to us contacting if we have a concern for your wellbeing.** See page 5 for details or to give an alternative person.

<b>Primary contact</b> This is my 'trusted person' <input type="checkbox"/>	<b>Secondary contact</b> This is my 'trusted person' <input type="checkbox"/>
<b>Contact Name:</b> <input type="text"/>	<b>Contact Name:</b> <input type="text"/>
<b>Relationship to you:</b> <input type="text"/>	<b>Relationship to you:</b> <input type="text"/>
<b>Address:</b> <input type="text"/>	<b>Address:</b> <input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Postcode:</b> <input type="text"/>	<b>Postcode:</b> <input type="text"/>
<b>Home telephone number:</b> <input type="text"/>	<b>Home telephone number:</b> <input type="text"/>
<b>Mobile telephone number:</b> <input type="text"/>	<b>Mobile telephone number:</b> <input type="text"/>
<b>Work telephone number:</b> <input type="text"/>	<b>Work telephone number:</b> <input type="text"/>

## PART C – Your Doctors Please ensure these details are accurate and up to date

Your GP's Name:

Name and address of Surgery:

Postcode:

Telephone number:

Email:

## PART D – Your medical information

Have you had an amputation?

Yes  No

If **Yes**, location:

Do you have a prosthesis?

Yes  No

If **Yes**, what type, i.e. EPR (Internal):

Do you take replacement Hydrocortisone?

Yes  No

If **Yes**, you will need to bring all the parts of an in-date Emergency Hydrocortisone injection on their trip (including syringe and needle).

Have you, or do you experience seizures?

Yes  No

If **Yes**, is this controlled by medication? Yes  No  Date of last seizure

Have you had any form of Stem Cell Transplant (BMT)/Support (Allograft)?

Yes  No

If **Yes**, what type:  Date

By the time of the trip will your re-immunisation programme have started Yes  No

If you received an Allogeneic Stem Cell Transplant, are there any ongoing issues with Graft Vs. Host disease? Yes  No

If **yes**, please detail further:

Do you suffer from any allergies?

Yes  No

If **Yes**, provide details in the box below regarding your reactions. (anaphylactic or otherwise.)

Do you suffer from asthma?

Yes  No

If **Yes**, please detail inhalers used in medications box below

Do you use crutches or struggle to walk unaided for up to 10 minutes?

Yes  No

If **Yes**, please explain further below.

Do you have any restriction of movement of your joints, limbs, back or neck?

Yes  No

If **Yes**, please explain further below.

Do you have any notable defect in your vision?

Yes  No

If **Yes**, please explain further below.

Do you have any notable defect in your hearing?

Yes  No

If **Yes**, please explain further below.

If "Yes" to any of the above, please give details and/or comment on severity (anaphylactic allergic reactions etc):

Do you have any other illness, disability, impairment or medical condition not included above? (e.g. Diabetes, heart condition, other transplant) Yes  No

If **yes**, please detail further:

## PART E – Medication

Are you taking any medication? Yes  No

Please give **FULL** details of all medication, dosages and method administered (continue on separate sheet if necessary). Please include all injections / inhalers / over the counter medications. All medication that you bring on your trip **MUST** come with a correct up to date Dispensary Label.

Name of medication	Type (i.e. liquid/tablet)	Dose	Frequency	Time of day

If you have detailed any injections above, are you capable of administering these yourself? Yes  No

Please note it is a requirement that you are able to administer injections yourself.

## PART F – Day to day living

These details are to ensure you have a safe and fun trip with us.

Do you have any problems communicating verbally? Yes  No

Do you have any other conditions we need to be aware of before coming on your trip? (i.e. pregnancy, mental health, well-being) Yes  No

Do you have any food allergies or dietary requirements? (i.e. vegetarian, vegan, gluten free, halal) Yes  No

If **yes**, please provide details here:

Do you require any special arrangements to facilitate the practicing of your religion? Yes  No

If **yes**, please provide details here:

If you have said 'yes' to any of the questions above, please give more information here including what other facts or information we should know about you:

(e.g. previous/current injuries, phobias, general day to day habits or routines etc.):

Is there anything else we need to know:

## PART G – Trusted Contact (if not already provided in Part B)

All over 18 participants must provide a 'Trusted Contact'. This is someone you consent to us contacting in the event of a welfare or safeguarding concern during your trip. This can be the same or different to your emergency contact. Your Trusted contact must be over 18.

<b>Contact Name:</b>	<input type="text"/>	<b>Relationship to you:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>		
<b>Home telephone number:</b>	<input type="text"/>	<b>Mobile telephone number:</b>	<input type="text"/>
<b>Work telephone number:</b>	<input type="text"/>		

## PART H – Declaration and consent

**To be completed by the person attending the trip.**

You must sign to say that you consent to Sections A-D in order to attend the Trip.  
For Sections E to G please tick either **Yes** or **No**.

### Medical Information Declaration & Consent

I, (print your name)

- A.** Declare that the information given above is accurate and true, and that I have not knowingly withheld any information. I understand that to knowingly withhold information could result in the termination of my trip with the Ellen MacArthur Cancer Trust.
- B.** Authorise the Trust to contact my GP as listed in Part C of this Medical Form.
- C.** Give my consent to receive any emergency medical treatment (including general or local anaesthetic or any operation or procedure) as considered necessary.
- D.** Release the Trust of any responsibility for loss or damage to my personal possessions during the trip (such as cameras, mobile phones or jewellery), or loss of significant amounts of cash, since the Trust considers that these items are not required on the trip (joining instructions, including a list of recommended items will follow)

**Signed:**  **Date:**

## PART I – Staying in touch

Stay up-to-date with the latest news from the Trust and information on events, volunteering and fundraising. For full information on how we use and store your personal data visit [ellenmacarthurcancertrust.org/privacy](https://ellenmacarthurcancertrust.org/privacy)

**Yes, please sign me up! (we will use the email on this form, unless you have a preferred email please complete here)**

## PART J – Media, Photography & Marketing Consents

### Photography – trip memories

We take lots of photographs on trips, which we share with all participants to keep as memories. Please ensure we have an email address for you to receive these. If you have any queries, please contact us on [volunteer@emcancertrust.org](mailto:volunteer@emcancertrust.org) or **01983 297750**.

### Media and Marketing Consent

The stories of the young people the Ellen MacArthur Cancer Trust supports are pivotal to communicating the impact the Trust has in changing young lives after cancer. Imagery and interviews are central to this storytelling and in raising awareness.

With your permission, we:

- would like to use imagery (photos and/or videos) from your trip for marketing and publicity purposes
- may also ask you to take part in informal interview (recorded audio or video) about your experience with cancer and/or your trip.

**If you give your consent for either/both of these, please tick the following...**

**I understand my imagery (photos/video) may be used in any of the following ways, and each use will not be checked with me each time:**

- Printed information materials – for example leaflets, Inspire magazine, annual report and impact reports.
- Fundraising / young people recruitment materials – for example posters, leaflets, flyers, presentations, direct mail, funding applications, guides, banners and pull-ups.
- Partner organisations - for example website, social media, internal emails, partnership promotion and Trust event recruitment by our approved partners.
- Trust internal communications – for example presentations, newsletters and events.
- General awareness-raising – including the Ellen MacArthur Cancer Trust website and social media channels and use by approved national newspapers/other publications.
- Trip video footage for media – including local and national broadcast outlets.

**I understand my interview may be used in any of the following ways, and each use will not be checked with me each time:**

- Press releases – including local media and marine/sailing press.
- Broadcast media interviews – including local and national broadcast outlets.
- Case studies – including on the Trust's website and used for fundraising applications.
- Promotional/campaign videos – for example around Childhood Cancer Awareness Month and end of year round-ups. For social media and/or YouTube.
- Quotes/testimonial – including use in printed, fundraising / young people recruitment materials, internal communications and general awareness raising as per above.

If there are particular activities or topics you would not give permission for the images/interviews to be used for, please state here:

**I agree to my story/images to be used for Ellen MacArthur Cancer Trust as indicated above.**

Signed:

Date:

DD / MM / YYYY

Print name

### Withdrawing permission

You can withdraw or change consent for the use of your images at any time and/or if you no longer want to share your story or want to change how it is used. We will act on your decision as soon as possible and remove images on digital platforms (e.g. websites).

However, it may not be possible to recall printed materials already distributed before you withdrew consent. We will not include photos in any new materials. If you have any queries, please email [ashton.howard@emcancertrust.org](mailto:ashton.howard@emcancertrust.org) or call **01983 297 750**.

**Please return these forms to the person that you received them from as soon as possible.**

### How we use this information

The Ellen MacArthur Cancer Trust (Registered Charity No. 1096491, Scottish Registered Charity No. SCO44013, Registered Company number: 4597114) uses the information on this medical form to keep participants safe during their trip and to make sure we can respond to your needs. We only share this data with those directly involved in the delivery of any activity. We will keep this form for a maximum of 2 years in electronic or hard copy from the date of the trip that it relates to. You can make a request to the Data Protection Lead (below) for us to rectify or erase this data at any time.

If you have any questions, or if you have a complaint on how we use this data please contact Frank Fletcher CEO/Data Protection Lead on 01983 297750 or [frank.fletcher@emcancertrust.org](mailto:frank.fletcher@emcancertrust.org). If we do not satisfactorily deal with your complaint you may appeal to the Information Commissioners Office <https://ico.org.uk/concerns/>. You can find our privacy statement on our website [ellenmacarthurcancertrust.org/privacy](https://ellenmacarthurcancertrust.org/privacy) or call 01983 297750.