

## Booking & Medical Form

Please complete the Booking and Medical Form in full and return it to Wind Sand & Stars by email, with your deposit of £300.

Deposit payments can be made by BACS (details at the end of this document).

**PLEASE NOTE THERE ARE FOUR PAGES TO THIS FORM**

### Journey Details:

Journey or Name	Trip Dates
Date this form was completed:	

**Personal details:** Your name should be written as it appears in your passport.

Title	First Name	Surname	Single room	Vegetarian
			Yes / No	Yes / No

### Passport details:

Date of birth	Nationality	Passport number	Date of Expiry

*Please include a photocopy of the photo page of your passport. Please note, passports must be valid for 6 months after the date of your return from Sinai.*

### Home address and contact details:

Address	Telephone	
	Email	
Postcode		

### Flight Information:

This Wind Sand & Stars journey comprises land arrangements only and we **do not book flights for you** as part of the package. However, we do recommend Carolyn Stanley of Travel Counsellors who can make the necessary flight arrangements for you.

Carolyn Stanley: 01276 609610 or via email - [carolyn.stanley@travelcounsellors.com](mailto:carolyn.stanley@travelcounsellors.com)

If you would prefer to book your flights yourself, we can provide suggested carriers and arrival times.

## Emergency contact details during your journey:

Name	Telephone	
Relationship to you	Email	

### Insurance

All travellers with Wind Sand and Stars must hold a valid insurance policy for the duration of the trip, and we will need to see proof of sufficient cover prior to departure. If you do not hold an annual travel policy or cover via your bank account for example, we would advise taking insurance out at the point of booking. Insurance policies will cover you in the event of certain types of cancellations from the point of purchase.

### Have you travelled with Wind Sand & Stars before? Yes / No

Journey:	Dates	
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### Where did you hear about this journey?

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## Confidential Medical Form

Please answer the following medical questions in full. It is vital that you declare any medical condition, no matter how small. This information will not be used to exclude you from the trip, but to ensure we are prepared and able to support you. It is also imperative that Wind Sand & Stars is informed of ANY changes in any existing or new conditions up until the point of departure. While all information will be kept secure, medical information will be disclosed to the Wind Sand & Stars company Doctor, the Wind Sand & Stars Leader assigned to the team and also to external medical professionals in the case of a medical emergency.

Are you receiving any medical treatment as a hospital out-patient or from a doctor at the moment? If so please give details.
Are you taking any medication? If yes, please give details, i.e. name and dose (including regular painkillers or sleeping tablets).
Do you have a medical condition of any sort? If yes, please give details of the condition, including when diagnosed and any hospital admissions.
Do you suffer from any of the following: diabetes, asthma ( <b>if YES</b> please complete additional info section below), fits, heart problems, hayfever, breathlessness, dizziness, headaches? Please give details and include details of any previous illnesses now resolved.

Additional asthma Q's:

Have you ever required a course of steroids? If so, how many times?

If known, what is your normal peak flow measurement?

Have you ever been admitted to hospital for your asthma?

How often do you use your 'reliever' inhaler?

How often do you wake feeling short of breath and need to use your reliever inhaler at night?

Has your asthma prevented you from doing any exercise in the last year?

Is there anything else we should know about your asthma?

Do you suffer from any form of psychological condition? This would include an eating disorder, self-harm, depression etc. Please give details and also include details of any previous illnesses now resolved.

Are you allergic to penicillin? If yes, please give details of the allergic reaction.

Do you suffer from any other allergies, e.g., other medication / food / nuts? (**If YES** please complete additional info section below)

Additional allergy Q's

How does the allergy occur e.g., consumption/touch?

What reaction occurs e.g., swelling of lips etc?

Have you ever been hospitalised or had an anaphylactic reaction?

What regular medication do you take if any?

Do you carry an adrenalin auto-injector (e.g., Epi-Pen) and have you ever had to use it?

Have you ever been admitted overnight to hospital before for any reason? (including for operations). If yes, please give details including dates.

Do you have any physical disabilities that we should be aware of, e.g. congenital problems / joint or back problems, previous bone fractures, breaks of sprains?

Do you smoke - if so, how many do you smoke a day?

How many units of alcohol do you drink per week?

Do you have any dietary requirements? If so, please give details.

Are there any other medical issues or circumstances not covered above which are relevant to your well being on your journey?

**Declaration:**

1. I have received and read the booking terms and conditions and Participant Code of Conduct.
2. I will ensure that I am up to date with the necessary recommended vaccinations and I understand that under the booking conditions I am responsible for providing and administering any medications that I take regularly.
3. I give consent for the Wind Sand & Stars company doctor to discuss the medical information that I have provided with my GP, if required (Wind Sand & Stars will endeavour to contact you prior to any discussions with your GP).
4. I authorise Wind Sand & Stars to give permission to arrange any necessary emergency medical or surgical treatments that may be required for me during the journey.
5. I undertake to inform the Wind Sand & Stars office in the event of any changes to my health prior to departure.
6. I am happy for photographs that might include me to be used for marketing purposes by Wind Sand & Stars.
7. I enclose a photocopy of my passport photo page.
8. I have transferred the deposit by BACS.

Signature:

Print Name:

Date:    /    /

**Paying by BACS:**

- Account Name: Wilderness Expertise Ltd
- Account Number: 50375314
- Sort Code: 20-11-74
- Please put your surname and 'WSS' as the reference