

Health Form

(Please write clearly and complete ALL sections of these forms in ink)

Group		Group Leader	
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Lastname: _____	Title _____	Firstname _____
Date of Birth: _____	Age: _____	NHS Number _____

In An Emergency please contact:-
Surname: _____ Title: _____
Firstname(s): _____
Relationship _____
Address _____

Postcode _____
Daytime Tel: _____
Evening tel: _____
Mobile: _____

Participants Family Doctor
Name: _____
Practice: _____
Address _____

Postcode _____
Daytime Tel: _____

If receiving Hospital treatment
Hospital: _____
Hospital tel: _____
Consultant: _____
Patient number _____

Emergency permission:-
I give my permission for any suitably qualified camp first aider to administer first aid to the above person during the camp. I also give my permission for any first aider/paramedic/authorised leader to give consent for any necessary hospital/medical treatment provided reasonable attempts have been made to contact me.

Signed: _____
Print Name _____
Date _____
Relationship _____

Please note that this must be signed by the holder of parental responsibility if the person named is under 16 years of age for all or part of the camp and by the participant if over 16

Allergies:-
Is the participant allergic to ANYTHING (e.g. medicines plaster etc) \YES / NO

If Yes then please give a brief description

International Participants only
Statement of medical insurance
I have made adequate provision to cover all medical costs incurred in the UK

Signed: _____
Print Name _____
Date _____
Insurance co. _____
Policy No. _____
Tel No.: _____

Don't forget to bring a copy of the policy with you

Medical Conditions:-
If the participant have any medical history that we should be aware of? (operations heart problems epilepsy diabetes asthma) Please list

Medication
Does the Participant take any medication?
YES / NO

If yes please list the medications on the next page

