



Medical Form

Club name.....

Surname.....FirstName.....

Address.....
.....Postcode.....

Health Information:

Name of Family Doctor.....

Telephone:.....

GP Surgery Address:.....

Please tick if you have/have had any of the following:

Rheumatic Fever =	Epilepsy =
Heart Trouble =	Asthma =
Fainting Spells =	Hernias =
Travel Sickness =	Diabetes =
Kidney Disease =	Hay Fever =

Date of Last tetanus injection ____/____/____

Please give details of any current/past illnesses or medical conditions of which we should be aware (please continue on a separate sheet of paper if necessary)

Are you taking any kind of medication? Yes / No

If yes please give name of drug and dosage details.

Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure, if under 18)

Do you have any known allergies (e.g. to foods, medicines, vaccines, etc.)

If yes, please give details,

Are there any behavioural challenges that the organisers should be aware of?

Yes/No If Yes please specify.....

Emergency Contact Details

Parent/Guardian Mr/Mrs First Name..... Surname.....

Relationship to attendee.....

Address if different from
attendee.....

.....Postcode.....

Daytime Contact No.....Evening Contact No.....

Email:.....Mobile.....

To be completed and signed by a parent or guardian.....

Date:/...../.....