

Night hike 2009



www.bristolsouthscouts.org.uk
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HEALTH INFORMATION

Scout details

Surname.....
 Forenames.....
 Address.....

 Post code.....
 Date of birth.....
 National Health Number.....

Family Doctor's Name and Address

Name.....
 Practice.....
 Address.....

 Post code.....
 ☎.....

In an emergency you should contact the following

Name.....
 Relationship.....
 Address.....
 Postcode.....
 ☎ Daytime.....
 ☎ Evening.....
 ☎ Mobile.....

Alternative emergency contact

Name.....
 Relationship.....
 Address.....
 Postcode.....
 ☎ Daytime.....
 ☎ Evening.....
 ☎ Mobile.....

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by phone or any other means to authorise this, I give my general consent to any necessary medical treatment and authorise the organiser in charge to sign any document required by the hospital authorities.

Name of parent/guardian.....Relationship.....
 Signature of parent/guardian.....Date.....

Please mark as appropriate. whether or not your son / daughter suffers from or can /can't have

	CAN - CAN'T	
Elastoplast	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>
Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>

	YES - NO	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Wasp/bee sting	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any thing else you feel we need to know about along with dietary needs

 Does your son/daughter administer their own medicine when required? YES/NO and if so for what do they administer this?