HEALTH INFORMATION

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EVENT *Camping & Rafting 2010*

DATE *25th – 27th June 2010*

WRIST BAND NO. / ID NO.

.....

GROUP

.....

SL CONTACT

.....

Scout details

Surname .....
Forenames .....
Address .....
.....
.....
Post code .....
Date of Birth .....
National Health Number .....

Family Doctor's Name and Address

Name .....
Practice .....
Address .....
.....
Post Code .....
Phone Number .....

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, can /can't have or suffers from

Aspirin	CAN - CANNOT	Elastoplasts	YES - NO
Penicillin	CAN - CANNOT	Paracetamol	YES - NO
Ibuprofen	CAN - CANNOT	Diabetes	YES - NO
		Hay Fever	YES - NO
		Asthma	YES - NO
		Wasp/Bee Sting	YES - NO
		Epilepsy	YES - NO

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
If YES, what do they administer this for? .....