



HEALTH INFORMATION FORM.

EVENT: Avon Scouts County Sailing Club.
SCOUT GROUP

DATE:
LEADERS CONTACT No......

Scout details

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

Emergency contact details

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

Family Doctor's Name and Address

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

Alternative emergency contact

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

If it becomes necessary for my son/daughter to receive medical treatment and I..... (Parent or Guardian) cannot be contacted by telephone or any other means to authorise treatment, I hereby give my general consent to any necessary medical treatment and authorise the Scouter in charge of the camp to sign any document required by the hospital.

Signature of Parent/Guardian.....Name Parent/Guardian.....
Relationship
Date.....

Please mark as appropriate, whether or not your son/daughter, can /can not have.

Junior Disprol/calpol YES – NO
Plasters YES - NO
Paracetamol YES – NO
Sun Cream YES – NO applied/self application

Please mark as appropriate, whether or not your son/daughter allergic to or surfers from.

Diabetes YES - NO
Hay Fever YES - NO
Asthma YES - NO
Wasp/Bee Sting YES - NO
Epilepsy YES - NO
Penicillin CAN – CAN NOT

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

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Does your son/daughter administer their own medicine when required? YES/NO
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