



**HEALTH FORM
PERSONAL DETAILS
18 years and over at time of the event**

ALL SECTIONS MUST BE COMPLETED IN BLOCK CAPITALS AND BLACK INK

PERSONAL DETAILS

Name (Surname first)..... Male/Female

Date of Birth (DD,MM,YY).....

Tel..... Mobile.....

Email.....

Address.....

.....

Network

Unit..... County.....

CRB Disclosure number..... Date of issue.....

Are you a warranted Leader Yes/No

Do you have a First Aid qualification valid for the period of the event? **YES/NO**

If so, what?.....

I understand that some of the information supplied on this form will be held in a database for administration purposes. I give explicit consent to details of my disabilities, health, religion or faith essential to the running of the weekend being held confidentially within the Scout Association. All information given on this form is full and accurate.

Signed.....**Date**.....

HOME CONTACT DURING THE EVENT

Name..... Relationship to camper.....

Daytime Tel..... Address.....

Evening Tel.....

Mobile Tel.....

MEDICAL DETAILS

Do you suffer from any illness or disability e.g. Asthma, Diabetes? **YES/NO**

If YES, please give details.....

Are you allergic to anything e.g. Antibiotics, particular food? **YES/NO**

If YES, please give details.....

Do you have any special dietary needs e.g. medical, religious, vegetarian? **YES/NO**

If YES, please give details.....

Date of last Anti-Tetanus.....Are you a contact lens wearer? **YES/NO**

Are you receiving any ongoing medical treatment at present? **YES/NO**

If YES, please give details.....

Please also give details of any medication.....

Hospital Consultant (if applicable)

Surname.....First Names.....

Hospital.....

Tel.....Patient's Registration No.....

EMERGENCY PERMISSION

If it becomes necessary for me to receive medical treatment and I am not capable of authorising it, and my next of kin cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the First Aider for this event to sign any document required by the hospital authorities.

Signed.....Name.....Date.....

Please inform the organiser of this event if there is any change to the details supplied on this form at the time of the event.

'All camps/activities/etc are priced in order to cover the costs of the event, after allowing for a small contingency. In the event of a surplus arising, the organisers reserve the right to retain any such surplus within the Section/Group/District/County etc, to be used in Scouting.