



General Health Form

Please write clearly in blue or black ink and delete(*) as appropriate.

NOTE: This information will be held in confidence.

Members of Girlguiding/Scouting aged 16 or over may complete the form themselves: for members under 16 the form should be completed by the parent or guardian.*

Surname.....
 First Names.....
 Address.....
 Postcode.....
 Date of birth.....

*Are you/is s/he allergic to anything? (Antibiotics, any particular food or medication etc.) *YES/NO
 If YES, please give details.....

*Are you/is s/he receiving any medical treatment at present? *YES/NO
 If YES, please give details. Please also give details of any pills, medicines etc.....

In an emergency you should contact the following person:

Name.....
 Relationship.....
 Address.....
 Postcode.....
 ☎ daytime..... ☎ evening.....
 ☎ mobile.....
 Alternative emergency contact
 Name.....
 Relationship.....
 Address.....
 Postcode.....
 ☎ daytime..... ☎ evening.....
 ☎ mobile.....

Does s/he administer her own medication? YES/NO

*Do you/does s/he have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? *YES/NO If YES, please give details.....

For members aged under 16

The additional section overleaf must also be completed and signed.
 Medication required should be given to the Guider-in-charge, or the First Aider, clearly marked with name and full instructions for use. Inhalers and epipens should be retained by the participant. Spare inhalers/epipens given to the First Aider.

Family doctor: Name.....
 Address.....
 Postcode.....
 ☎ daytime..... ☎ evening.....
 Date of anti-tetanus.....
 Hospital consultant if applicable:
 Name.....
 Hospital.....
 Reg no. ☎

*Do you/does s/he suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? *YES/NO If YES, please give details.

EMERGENCY PERMISSION

I authorise a qualified First Aider at Festival 2008 Camp to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed.....
 Parent/guardian* Date

Signed.....
 Member (if aged 16 or over) Date

Please help us to look after your son/daughter by filling in this form with as much as detail as possible. If necessary, you can provide additional notes on a separate sheet. Please, **TICK here if an additional sheet is attached**