

Adult Health Form

Scouts Hunger Games Camp



(Please complete in BLOCK CAPITALS)

Surname

Date of Birth:

Forenames

Postcode:

NHS No.:

Scout Group:

Date of last Tetanus injection

Home Address:

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In Case of Emergency Contact 1 Name and Address:
(Required)

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Mobile Phone

Alternative Number

Relationship to Adult.....

In Case of Emergency Contact 2 Name and Address:
(Required)

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Mobile Phone

Alternative Number

Relationship to Adult

Doctors Surgery and Address
(Required)

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Doctors Name

Telephone

EMERGENCY PERMISSION

If it becomes necessary for me to receive medical treatment I hereby give my general consent to any necessary medical treatment and authorise the District management team, (or in their absence one of the assistant camp leaders), to sign any document required by the hospital authorities.

If you do not give your consent please place a tick here.

Print Name

Signature

Date

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MEDICAL DETAILS

In the space below please give details of the following. All information or issues are kept strictly confidential.

Any Medical Details?

This includes ADHD/ADD, Autistic Spectrum Disorder, Dyslexia, Dyspraxia, Spina Bifida, Down's Syndrome, Arthritis, Asthma, Bed Wetting, Diabetes, Epilepsy, ME/Chronic Fatigue, Bipolar, Depression, Eating Disorder, Self-harm, Muscular Dystrophy, Sensory, Travel Sickness, Hayfever, Nosebleeds etc.

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Any Allergies

This includes Penicillin, Food Colouring's, Latex, Tree/plant Pollen, Insect Bites or Stings, Pet or Animal Hair or Fur, Dust Mites, Mould, Peanuts, Eggs and Milk

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Any Dietary Requirements?

Any special dietary requirements / forbidden foods (e.g. Vegetarian etc)

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