ROWBOATINGOFFROADCYCLINGO AGLIDINGPARASCENDINGPONYTREKING POTHOLINGSCAMBLINGSCUBADIVIA AGLIDINGPARASCENDING ROWINGSAILINGSCRAMBLINGSNOWBOARDIN HBALLQUADBIKINGRAFTBUILDING SKIINGSNORKELLINGSNOWBOARDING LLINGSHOOTINGSINGLEPITCHCLIMBING SKIINGSWIINGWHITEWATERRAFTING LEETSPORTSSUBAQUASURFINGSWIMMING WATERSKIINGWHITEWATERRAFTING RFINGZORBINGABSEILINGAERIALRUNWAYARCHERY BALLOONINGBANDSBOULI

PL & APL CAMP 2017

HEALTH FORM - ADULTS



			<u> </u>
Full Name:		Date of Birth:	
Home Address:			National Health Service Number:
Date of last Tetanus injection:	Scout Group:	out Group:	
Next of Kin Details During the Camp:		Doctors Name	and Address:
Name:			
Address:			
Post Code:			
Telephone:		Telephone:	
Mobile:			
I understand that the Leader in charge i	_		
I will inform a Leader if any of the inform	nation given on this fo	rm changes be	efore the event takes place.
Signature:			Pate:
In the space below please give details of the follo 1. Any known Infectious Diseases with which yo 2. Any known Allerio (Oraciti ities (Pictor))	u have been in contact with	hin the last three v	veeks.
Any known Allergies/Sensitivities/Disabilities Asthma) Details of any Medicines/Diets/Treatments cu			es (eg Penicillin, Food Colourings, Bed-wetting, le details) & the Specialist and Hospital concerned if
appropriate (please include any non prescript	ion preparations, such as c	cough sweets , her	bal medicines etc).