

PL & APL CAMP 2017

HEALTH FORM - ADULTS



HUMBERSIDE SCOUTS

Full Name:		Date of Birth:	
Home Address:		National Health Service Number:	
Date of last Tetanus injection:	Scout Group:		
Next of Kin Details During the Camp: Name: Address: Post Code: Telephone: Mobile:		Doctors Name and Address: Telephone:	

- I understand that the Leader in charge reserves the right to send any participants home if necessary.
- I will inform a Leader if any of the information given on this form changes before the event takes place.

Signature: _____

Date: _____

In the space below please give details of the following:-

1. Any known Infectious Diseases with which you have been in contact within the last three weeks.
2. Any known Allergies/Sensitivities/Disabilities and details of any known precautions/remedies (eg Penicillin, Food Colourings, Bed-wetting, Asthma)
3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) & the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets , herbal medicines etc).

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