

ROWBOATING OFFROAD CYCLING OFFROAD BIKE  
 AG LIDING PARASCENDING PONY TREKING POTHOLING POWERBOATING  
 H BALL QUADBIKING RAFT BUILDING ROWING SAILING SCRAMBLING SCUBA DIVING  
 LLING SHOOTING SINGLE PITCH CLIMBING SKIING SNORKELLING SNOWBOARDING  
 FEET SPORTS SUBAQUA SURFING SWIMMING WATERSKIING WHITEWATER RAFTING  
 R FING ZORBING ABSEILING AERIAL RUNWAY ARCHERY BALLOONING BANDS BOULDER CLIMBING



# RAYWELL PARK - WORK DAY

## HEALTH FORM - ADULT

HUMBERSIDE SCOUTS

Full Name:		Date of Birth:
Date of last Tetanus injection:	Scout District:	National Health Service Number
<b>Next of Kin Contact Information <i>During the Event</i>:</b> Address: ..... ..... Post Code: ..... Telephone: ..... Mobile: .....		<b>Family Doctors Name and Address:</b> ..... ..... ..... 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.

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, 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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Signature:

Date: