



## COUNTY SCOUT CAMP 2019

### HEALTH FORM - ADULTS

Full Name:		Date of Birth:	
Home Address:		National Health Service Number:	
Date of last Tetanus injection:	Scout Group:		
<b>Next of Kin Details <u>During the Camp</u>:</b>  Name: .....  Address: ..... .....  Post Code: .....  Telephone: ..... Mobile: .....		<b>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.

Signature:
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Date:
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<p>In the space below please give details of the following:-</p> <ol style="list-style-type: none"> <li>1. Any known Infectious Diseases with which you have been in contact within the last three weeks.</li> <li>2. Any known Allergies/Sensitivities/Disabilities and details of any known precautions/remedies (eg Penicillin, Food Colourings, Bed-wetting, Asthma)</li> <li>3. Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage details) &amp; the Specialist and Hospital concerned if appropriate (please include any non prescription preparations, such as cough sweets , herbal medicines etc).</li> </ol> ..... ..... ..... ..... ..... .....
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GDPR Policy Note: Information on this form will be retained by Humberside Scouts for the purpose of the camp only. It will not be passed on or shared outside of the organising team (or medical professionals if necessary) and will be destroyed following the event.