

CUB HIKE CHALLENGE

HEALTH FORM - ADULTS



Full Name:		Date of Birth:	
Home Address:		National Health Service Number:	
Date of last Tetanus injection:	Scout Group:		
Next of Kin Details During the Event: Address: Post Code: Telephone: Mobile:		Family 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:
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In the space below please give details of the following:-

- Any known Infectious Diseases with which you have been in contact within the last three weeks.
- Any known Allergies/Sensitivities/Disabilities and details of any known precautions/remedies (eg Penicillin, Food Colourings, Asthma, etc)
- 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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Photographs and Video

The photographs, video or audio that are taken will be used in connection with Scouting publicity. We will not publish any address of any people in captions associated with the photographs, video or audio. It would be very helpful if you can confirm that you are content for the pictures, video or audio to be used in publicity material by signing the form below. Many thanks for your assistance.

This is to confirm that I have no objections to the photographs, video or audio taken at the activity above and used for Scouting purposes only.

Signature:	
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