



**Skills Matter - 28/29 March 2020**  
**Adult Health Forms**

Full Name:		Date of Birth:
Home Address:		National Health Service Number:
Date of last Tetanus injection:	Scout Group:	

<p><b>Next of Kin Details <b>During the Camp:</b></b></p> <p>Name: .....</p> <p>Address: .....</p> <p>.....</p> <p>Post Code: .....</p> <p>Telephone: .....</p> <p>Mobile: .....</p>	<p><b>Doctors Name and Address:</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Telephone: .....</p>
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- 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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