

Adult Health Information Form



County Scout Patrol Camping Competition:

Woodhouse Park, Fernhill, Almondsbury 21st – 23th October 2011

Camp Leader: Nigel Barnes

Assistant Leaders: Malcolm Smith (MIFF)

| | | | |
|---|--|---|--|
| Name | | Name of your Doctor | |
| Home Address | | Address | |
| | | | |
| | | | |
| | | | |
| Telephone | | Telephone | |
| Date of Birth | | Have you been in contact with any infectious diseases with within the last three weeks? | |
| N H S Number | | | |
| Date of last Tetanus injection | | | |
| In the event of an emergency please contact | | Do you have any allergies to food, medicines, etc? | |
| | | | |
| | | | |
| Name | | Are you currently taking any medicines? | |
| Address | | | |
| | | | |
| | | | |
| | | | |
| Telephone | | | |

If it becomes necessary for me to receive medical treatment, I hereby give my general consent for any necessary medical treatment and authorise the Camp Leaders named above (or the camp medical staff) to sign any document required by the medical authorities.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|