

Holloway Pathfinder Club

Medical Form

Attendee Details	
Title: Mr / Mrs / Miss / Other (please specify).....	
Surname:.....	
First Name(s):.....	
Address of applicant: Postcode:.....	
Health Information	
Name of Family Doctor:.....	
Telephone:.....	
G P Surgery Address:.....	
GP Surgery Email Address:.....	
NHS Number:.....	
Please tick if you currently have or have previously had any of the following:	
Rheumatic fever-- <input type="checkbox"/>	Heart trouble-- <input type="checkbox"/>
Asthma-- <input type="checkbox"/>	Hernias-- <input type="checkbox"/>
Fainting spells-- <input type="checkbox"/>	Travel sickness-- <input type="checkbox"/>
Diabetes-- <input type="checkbox"/>	Epilepsy-- <input type="checkbox"/>
Hayfever-- <input type="checkbox"/>	Kidney Disease-- <input type="checkbox"/>
Date of last tetanus injection ___ / ___ / ___	
Please give details of any current / past illnesses or medical conditions of which we should be aware (please continue on another sheet of paper if necessary).	
Are you taking any medication? Yes/No	
If yes, please give name of drug and dosage details.	
Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure if under 18).	
Do you have any known allergies (e.g. to foods, medicines, vaccines etc)? YES/NO	
If yes, please give details.	
Are there any behavioural challenges that the organisers should be aware of? Yes/No	
If yes, please specify.	
Emergency Contact Details	
Title:	Surname:
First Name:	
Relationship to attendee:	
Address if different from applicant:	
Postcode:	
Daytime Contact No.:	Evening Contact No.:
Email:	Mobile:
Declaration	
To be completed by the parent / guardian if the attendee is under 18 years of age.	
Signed: _____ Date: ___ / ___ / ___	

