

# GT12



## HEALTH AND PERMISSION FORM

(THIS FORM MUST BE FULLY COMPLETED BY **EVERY** TEAM MEMBER & PRESENTED AT REGISTRATION)

SURNAME \_\_\_\_\_ FORNAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

FULL TELEPHONE NUMBER \_\_\_\_\_

MALE / FEMALE (DELETE AS APPLICABLE)

NATIONAL HEALTH NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HAS THE ABOVE PERSON BEEN IN CONTACT WITH ANY INFECTIOUS DISEASES WITHIN THE THREE WEEKS PRIOR TO THIS EVENT?

YES / NO (DELETE AS APPLICABLE) IF YES GIVE DETAILS \_\_\_\_\_

LIST ANY KNOWN ALLERGIES / SENSITIVITIES EG PENICILLIN / ASTHMA

HAS HAD A TETANUS INJECTION WITHIN THE LAST FIVE YEARS? YES / NO (DELETE AS APPLICABLE)

IS UNDERGOING ANY CURRENT MEDICAL TREATMENT THE EVENT LEADER SHOULD KNOW ABOUT?

ANY OTHER INFORMATION YOU THINK THE EVENT LEADER SHOULD KNOW ABOUT?

IN THE EVENT OF AN ACCIDENT PLEASE CONTACT THE FOLLOWING PERSON:

NAME \_\_\_\_\_ TELEPHONE (HOME) \_\_\_\_\_

(MOBILE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

I UNDERSTAND THAT THIS IS AN ACTIVITY FOR SCOUTS AND GUIDES. THE ACTIVITIES WILL BE RUN UNDER THE RULES OF THE SCOUT ASSOCIATION AND THOSE WHO ARE CURRENTLY MEMBERS WILL BE COVERED IN THE NORMAL WAY BY THE ASSOCIATIONS INSURANCE.

SIGNED PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_