



HUMBERSIDE SCOUTS

COUNTY SCOUT CAMP 2015

HEALTH FORM - ADULTS

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| Full Name: | | Date of Birth: |
| Home Address: | | National Health Service Number: |
| Date of last Tetanus injection: | Scout Group: | |
| Next of Kin Details During the Camp: 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.

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

In the space below please give details of the following:-

1. Any known Infectious Diseases with which your Child has 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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