

# Adult Health Information Form



## County Scout Patrol Camping Competition:

Woodhouse Park, Fernhill, Almondsbury 25th – 27th October 2013

**Camp Leader:** Nigel Barnes

**Assistant Leaders:** Malcolm Smith (MIFF)

Please complete the fields marked \*

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 *			
First Telephone *			
Second 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 *
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