**Adult Health Form**

**NAME:**

**ADDRESS:**

**MOBILE TEL NUMBER:** **EMAIL:**

**SCOUT or GUIDE MEMBERSHIP NO. / CRB or DBS DISCLOSURE NO.**

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**DURING THE EVENT, PLEASE CONTACT IN AN EMERGENCY:**

**NAME:** **RELATIONSHIP:**

**TEL NO.**

**SPECIAL DIETARY REQUIREMENTS**

**VEGETARIAN?**  YES / NO

**Other Dietary Requirements –** PLEASE GIVE DETAILS

**ALLERGIES (FOOD, MEDICINE ETC)**

**MEDICINES CURRENTLY BEING TAKEN**

**HAVE YOU BEEN IN CONTACT WITH ANY INFECTIOUS DISEASES WITHIN THE PREVIOUS 3 WEEKS?**

YES / NO  (IF YES PLEASE GIVE DETAILS)

**LAST TETANUS IMMUNISATION**

(DATE)

**DOCTORS NAME:**

**SURGERY ADDRESS:**

**TEL NO.**

**I UNDERSTAND THAT THE CAMP LEADER RESERVES THE RIGHT TO SEND ANYONE HOME IF NECESSARY.**

**IF IT BECOMES NECESSARY FOR ME TO RECEIVE MEDICAL TREATMENT AND A NEXT OF KIN CANNOT BE CONTACTED BY ANY MEANS TO AUTHORISE THIS, I HEREBY GIVE MY GENERAL CONSENT TO AUTHORISE THE SCOUTER IN CHARGE OF THIS EVENT TO SIGN ANY DOCUMENT REQUIRED BY HOSPITAL AUTHORITIES.**

**SIGNATURE:**

**NAME:** **DATE:**

**Network / Organisers Only**

**Please indicate when you will be onsite during the completion:**

Friday Evening (Set Up)

Saturday Day (Comp)

Saturday Evening (Comp)

Saturday Overnight (Comp)

Sunday Morning (Clear Up)

**Meals Required**

Saturday Breakfast

Saturday Lunch

Saturday Dinner

Sunday Breakfast