



# Information: general health

PLEASE RETURN THIS FORM, COMPLETED AND SIGNED, TO THE

GUIDER-IN-CHARGE ON \_\_\_\_\_ (DATE)

CLICK ON EACH LINE AND TYPE IN THE DETAILS. SELECT STARRED(\*) ITEMS FROM EACH DROP-DOWN MENU AS APPROPRIATE.

NOTE: THIS INFORMATION WILL BE HELD IN CONFIDENCE

Members of the Association aged 16 or over may complete the form themselves: for girls under 16 the form should be completed by the parent or guardian. \*

Name of \*unit/event

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Surname

First names

Address

Postcode

Date of birth

In an emergency you should contact the following person

Name

Relationship

Address

Postcode

☞ daytime

☞ evening

☞ mobile

Alternative emergency contact

Name

Relationship

Address

Postcode

☞ daytime

☞ evening

☞ mobile

Family doctor: Name

Address

Postcode

☞ daytime

☞ evening

Date of anti-tetanus

Hospital consultant if applicable: Name

Hospital

Reg no.

☞

\*Do you/does she suffer from asthma, chest complaint, wheezing or hay fever, migraine, fits or faints, bad period pains, diabetes, nervous disorders, any other illness or disability? \*YES/NO If YES, please give details.

\*Are you/is she allergic to anything? (Antibiotics, any particular food or medication etc.) \*YES/NO If YES, please give details.

\*Are you/is she receiving any medical treatment at present? \*YES/NO If YES<sup>†</sup>, please give details overleaf. Please also give details of any pills, medicines etc.

<sup>†</sup>And if YES and travelling overseas, please attach a current medical certificate confirming your/her fitness to take part in the event.

Does she administer her own medication? \*YES/NO

\*Do you/does she had contact with any infectious illnesses within the last month? \*YES/NO If YES, please give details overleaf.

\*Do you/does she have any faith or cultural needs e.g. dress, diet, holy days, toilet arrangements? \*YES/NO If YES, please give details overleaf.

## For members aged under 16

Medication required should be given to the Guider-in-charge, or the First Aider, clearly marked with name and full instructions for use. Inhalers and epipens should be retained by the girl. Spare inhalers/epipens given to the First Aider.

The following medication will be available if required. Please indicate which may be used for your child.

\*YES/NO

\*YES/NO

\*YES/NO

\*YES/NO

\*YES/NO

\*YES/NO

## EMERGENCY PERMISSION

I authorise \_\_\_\_\_ (name)

Guider-in-charge

\*and/or \_\_\_\_\_ (name)

First Aider

to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed

Parent/guardian \*

Date

Signed

Member (if aged 16 or over)

Date

PLEASE CHECK THE NEXT PAGE IF YOU ARE TRAVELLING OVERSEAS

Country to be visited
Event
Reference no.

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