



ADULT INFORMATION AND MEDICAL FORM

PLEASE USE BLOCK CAPITALS

FULL NAME:			
ADDRESS:	----- ----- -----		
TELEPHONE No.		MOBILE No.	

DATE OF BIRTH:		NHS No	
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DOCTOR'S NAME:			
ADDRESS:	----- -----		
TELEPHONE No.			

NEXT OF KIN (name):			
TEL No. (DAY):			
TEL No. (NIGHT):			
MOBILE No.			

You do not have to disclose your personal information if you do not wish to, however in the event of an emergency, it would be useful to have some details about you.

1. Do you suffer with any medical condition requiring regular treatment? **YES / NO**

If yes, please specify:

2. Are you taking any prescribed medications? **YES / NO**

If yes, please specify:

3. Are you allergic to any medications or substances? i.e. nuts, bee stings, pollen **YES / NO**

If yes, please specify:

4. Do you have any special dietary requirements? **YES / NO**

If yes, please tick: Diabetic.....Vegetarian.....Nut free.....Wheat intolerant.....

Other..... (please specify)

5. Have you had a tetanus injection in the last 10 years? **YES / NO**

My last tetanus injection was

Please inform us of any allergies or medical conditions requiring regular treatment should you require emergency treatment

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Please be aware that it is your responsibility to store your medications safely and away from children. All information provided will be treated confidentially and discarded after camp has ended.

If you wish to discuss the contents of the form please contact:

КРАЙОВА УПРАВА (KRAYOVA UPRAVA)

Tel: 01332 700215