

## Health Information

### Part I - to be completed by the event coordinator or first aider

Name of event/activity \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Person responsible for first aid at the event \_\_\_\_\_

### Part II - to be completed by:

- parents\* of members under the age of 16
- Senior Section members aged 16 and over
- adult volunteers attending a girl event (if adults wish to keep their health information confidential they may CARRY it in a sealed envelope that will only be opened in the case of an emergency).

### Participant details

Surname \_\_\_\_\_

First name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address

Date of last anti-tetanus injection \_\_\_\_\_

GP's name \_\_\_\_\_

GP's telephone number \_\_\_\_\_

GP surgery name or GP's address

### Medication

The following medication will be available at the event. Please indicate which may be given to your daughter if required (girls under 16 only):

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

### General health information

Does the participant have any allergies?

- No       Yes, details (severity, epi-pen information etc):

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Is the participant affected by any illnesses or disabilities relevant to this event/activity?

No       Yes, details:

Is the participant currently taking medication?

No       Yes, details  
(including reason for its use):

Does the participant self-medicate?     No     Yes

**Medication:** Please label young members' medication with their name and provide clear instructions for its use (whether or not she self-medicates, dosage etc).

**Inhalers:** Ensure that a spare, clearly labelled inhaler is brought to the event.

Is the participant currently receiving medical treatment?

No       Yes, details:

Is there any further information the event team should know regarding the participant's health and well-being?

No       Yes, details:

### Emergency contacts

Please provide details of a person who will be contactable at all times during the event/activity.

Name

Telephone 1

Telephone 2

How do they know the participant?

Please provide details of an alternative person who will be contactable at all times during the event/activity.

Name

Telephone 1

Telephone 2

How do they know the participant?

### Consent

I authorise the Leaders and first aiders at this event to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Parent's signature

Date

Parent's name

\* Where the terms 'parent' and 'daughter' are used, they refer to any adult with parental responsibility, and their ward.

### Guidance notes

This form must be completed in order for young members to attend a residential event. It should be completed on the day of the event, to ensure the information is up to date, and submitted at the start of the event.

Please provide detailed information relating to any illnesses, medication or treatment in case of a medical emergency.

**Consent:** If your beliefs mean there are some medical treatments you will not consent to, please ensure these are clearly communicated to the event coordinator and/or first aider, and provide details on this form, under 'further information about the participant's health and well-being'.