

# Health Information Form

This form is to be completed by the Parent or Guardian of the young person named below. Please answer the following questions as fully as possible. As in the event of your child requiring emergency treatment, it will help the medical authorities in deciding which is the most appropriate treatment to give.  
 (Please complete in BLOCK CAPITALS)

Child's Name: .....
Date of Birth: .....
NHS No: .....
Date of last Tetanus injection: .....
Emergency Contact No: .....

Family Doctors Name and Address
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.....
.....
Telephone.....

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Section leader (or in their absence one of the assistant Section Leaders), to sign any document required by the hospital authorities.

**I will inform the Section Leader if any of the information given on this form changes.**

Name of Parent/Guardian
Signature

Relationship to Young Person
Date

The Section Leader (or in their absence one of the assistant Section Leaders) may administer the appropriate minor treatment/precautions (as listed below ) if required.

Headache .....

Stomach Upset.....

Cuts & Grazes .....

Colds etc. ....

Other Specific Ailments..... Please continue below if required.

In the space below please give details of the following:-

Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)

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Please continue on the back if required.

