

Gwentrek – GT19



Health/emergency contact information

This form must be completed by every team member and handed in at registration!

Young person's details

Full name:

Address:

Date of birth:

Doctor's surgery
(name/address):

Gender (please circle) Male / Female

Emergency Contact – who to contact should there be an accident?

Full name:

Home & Mobile No's:

Relationship (eg parent):

Medical (please put any accompanying information on another page)

Allergies/sensitivities:
(please list & give details)

Any information the event
organising team should be
aware of? (such as disabilities,
medical conditions, cultural or additional
needs)

Current treatments
/medications

Details of any infectious
diseases they have been in
contact with in the last three
weeks:

Tetanus within last 5 years? Yes / No

All activities will be run in accordance with The Scout Association's safety rules. No responsibility for the personal equipment/clothing and effects can be accepted and the organisers and the Scout Association does not provide automatic insurance cover in respect to such items.

Signed: _____

Date: _____

Relationship to young person: _____