

# General Health Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

During the event you can contact me at: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Name of family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Please give details of any allergies or  
medical conditions: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ Please give details of any medicines  
currently being taken: \_\_\_\_\_

\_\_\_\_\_

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If it becomes necessary for my Explorer 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 Judy Cohen, the Unit Leader (or Assistant Leader Yvette Billings) to sign any document required by the hospital authorities.

Name of Parent/Carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

