

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: _____

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 the unit leadership team to sign any document required by the hospital authorities.

Name of Parent/Carer: _____

Signature: _____ Date: _____