

Health Form

Please complete 2 copies of this form. 1 to be handed in to the organisers, 1 to be carried with you.

Name:	Date of Birth:
Home Address	Term-time Address:
Post Code: Telephone:	Post Code: Telephone:
National Health Number	Date of last anti-tetanus:
Doctor's Details: Doctor's Name: Surgery Address: Post Code: Telephone Number:	Emergency Contact: Name: Address: Post Code: Telephone Number

Please Give Details of:

Any medical condition (e.g. Asthma, diabetes, etc.)	
Any medication being taken at present	Any allergies (especially allergies to medication)
Any other relevant information	

EMERGENCY TREATMENT

In the event of being unable to make a decision I DO/DO NOT give my permission for the event organiser or their appointed First Aider to sign for emergency treatment deemed necessary by a doctor on my behalf.	
Signed: _____	Date: _____
THESE WILL BE DESTROYED BY SSAGO AFTER 1 YEAR	