

Personal Details			
Surname:		Given name(s):	
Gender: Male	Female	Other	Age:
Section:		Group:	
District:		Region:	

Emergency Contacts			
Relationship:		Name:	
Home #:	Work #:	Mobile #:	
Relationship:		Name:	
Home #:	Work #:	Mobile #:	

Emergency Information			
Blood Type:		Last Tetanus immunisation:	
Wears: Glasses?	Contact lenses?	Do you object to transfusions?	
Permission to have paracetamol?		Swimming ability: Poor Fair Good	

Medical Conditions (answer Yes or No for each item)					
Allergies (anaphylactic)	Yes	No	Allergies (non-anaphylactic)	Yes	No
Asthma	Yes	No	Blackouts/Dizziness/Fainting	Yes	No
Diabetes	Yes	No	Dietary Requirements	Yes	No
Epilepsy/Seizures	Yes	No	Hearing Impairment	Yes	No
Joint/Muscle/Bone Problems	Yes	No	Migraines	Yes	No
Phobia	Yes	No	Sleep Walking	Yes	No
Travel Sickness	Yes	No	Other		

If you answered yes to any of the above conditions, please give more details overleaf.



Details of Medical Conditions (i.e. anything with a 'Yes' response above)			Name:	
Name of Condition	Description	Risk Level	Medication	
			Required?	Details

Medical Authority

I hereby Authorise the Leader in Charge, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment.

I have read and understood the Privacy Policy on the website.

If your child has additional support needs, please ensure you discuss with your Leader

Please supply any medical or additional support plans to your Leader.

This form is to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge.

I acknowledge that I have read the above provisions prior to signing thereof:

Signed:	Date:
Name (please print):	



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